· (4) Louis a stroi and the arms and a comment the creation the last of the MERCHANICAL TRANSPORT OF THE PROPERTY OF THE P Sugar a mariette faltet playet I transle BINGHAMBA M 5 A CONTRACTOR OF THE PROPERTY O . Com the conduction of the co funeral director, page 3 ithin 72 haurs after death

unt be notified of once.

deoth. Page 4 may be

-				STATE	OF MARYLAND	CA 43	0	2 1 1	2 6
	1.	FOR - STATE	DE		ALTH AND MENTAL	HYGIENO &	lin	4 1 4	- 0
	Ŀ	REGISTRAR		CERTIFI	CATE OF DEATH	RE	G. NO.		
		CEASED NAME FIRST	WIDDLE	LA	ST	2a. DATE OF DEA	Н момтн	DAY YEAR	2b. HOUR
	11111	CA/U	iw	AR	CHER		8	8.82	1 0 4
	3. SE	X	4. RACE	5 DATE OF	BIRTH	6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	97	MALE	NEGRO	MONTH	28-19C		YRS		HOURS MIN.
3	7a. BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIED	NEVER MARRIED	9 BALTIMORE CI		TY OF DEATH	
0		FIORIA	U.S. M.	WIDOWE					MD.
F		ITY OR TOWN OF DEATH	(IF NOT IN SUCH EACILITY, GIV	E STREET ADDRESSA.	OTHER INSTITUTION	12a USUAL OCCU		12b. KIND (INDUSTRY	OF BUSINESS OR
U		alisbury			Hospital				
1	13a. S	AL RESIDENCE (IF NURSING HOME OF	TY 13c. CITY O		134 INSIDE CITY LIMIT		ESS ,		
9	1		comico FRY	citland	YES 🔼 NO 🗌	306 Th	FOCIOR	E St.	
10	14. FA	ATHER'S MAME	MIDDLE LA	AST .	15 MOTHER'S MAIDEN	NAME	DLE	IA	ST
EL.		GOVONER	BA	//	Ida			BALL	
		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIA	L SECURITY NO.	17. INFORMANT	1 1 A	DDRESS	- /	
		No	261-1	03-4208	LilliE	HREHER	206 11	heodore	St.
		18 CAUSE OF DEATH (Enter on	lly ane cause per line far (a),	(b) and (c)				APPROX BETWEEN	ONSET AND DEATH
	100	PART I. DEATH WAS CAUSE	TE CAUSE (a) Rw	al fai	lure			na	days
		5860	DUE TO, OR AS A CON	ISEQUENCE OF					3
	3117	Canditions, if any, which	(1b)	VSE GOENCE OF				0.00	
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CON	ISEQUENCE OF				1 1 2 70	
	2 11	underlying cause last.	DUE TO, OR AS A CON	ASEQUENCE OF					
		PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION	IG TO DEATMBUT N	RELATED TO THE	TERMINAL DISEASE OR (ONDITION	SIVEN IN PART 1	a.
	NO.	Grehral	vascular	accide	end, be	samone a	-	, , , , , , , , , , , , , , , , , , ,	
0	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDI	
71	IFIC					YES NO		TIFYING CAUSES	OF DEATH?
0	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OC	CURRED (ENTER NATURE OF			NO []
1		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR		TENER THINK O	117011111111111111111111111111111111111	o rake roke ake a	
II	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
<u>" </u>	MEI		(AT HOME, STREET, FACTORY.	OFFICE, FARM ETC)	STREET	CITY	OR TOWN	COUNTY	STATE
		WHILE NOT WHILE AT WORK AT WORK		tran 7.3	7 10 8	52 10 8.	8.	10 82	
	1	22a. I certify that (I) (this haspi		110111	, 17	nion death occurred on t			that (1) (we) last
		obove, (I) (we) (did) (did no 22) SIGNATURE			EGREE	mon death deconed on t	ne dote ond ti		
	•	THE STURM LAND A	(0)	1 m	ATTEMBR	NG	STAFF	22c. DATE	-83
_	- 5	- 1000000	3	c m	PHYSICIA	AN DIRECTOR PH	YSICIAN [10.0	6 <
1		22d. PHYSICIAN'S NAME (TYPE O	K PKINI)		22e. ADDRESS	10-	11	1 1	1.1
4		Michael	Chance		150021		LCI L	JOEBI.	101
	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CE	METERY OR CREMATO	ORY 23d. LOCATION	p 1	COUNTY	STATE
		BURIAL	8-14-82	MH CA	DERY	FRUM	have	Wirani.	co mel.
	.24. FL	UNERAL DIRECTOR	1 . 1 AD	DRESS / _ /	250	DATE REC'D. BY REGIST	RAR 25b. REG	ISTRAR'S SINA	Thill
		Cliuton F. Si	GWART W	OST Rd	Alis No.	AUG I I BU	- 0		

DHMH - 16 50M 1/81 (VRA 15, 4)

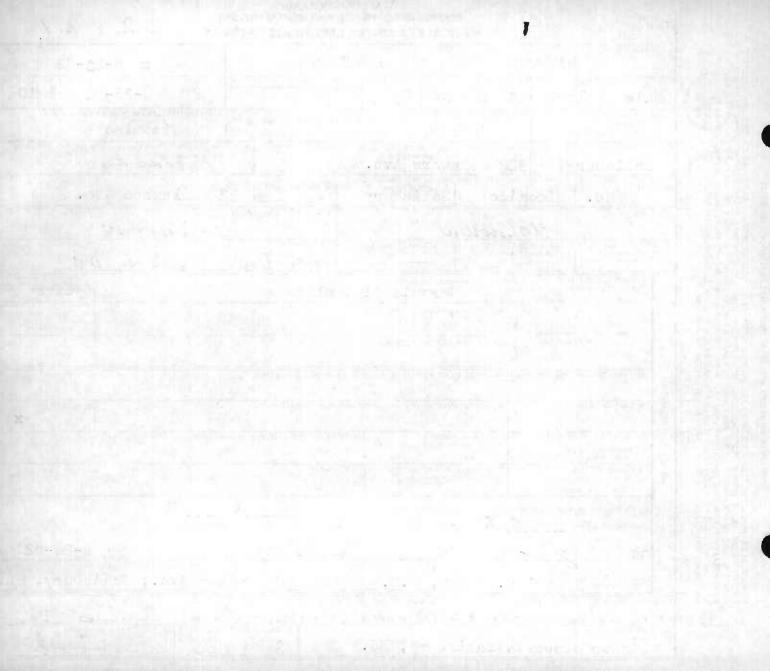
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other troumatic event, the medical ex

retained by the haspital or ottending physicion.

BP.

0 1 5 4 7 5 Wilcomico Salisbury Peninsula Ceneral Hospital Maryland St. south Partland or will see that last set quality for the stand of freely Executing statement makens londered STORY OF THE STORY To begrote love to slowed Product I food in Mind of the same of the party of the court of the same

1-	FOR STATE REGISTRAR				ENT OF HE	OF MARYLA ALTH AND M 'S CERTIFI	NENTAL H	50	l RE	2 2 G, NO.	1	2 7	
	CEASED NAA	RAYF	ORD	WIDDLE	ARI	ISTRONG	4		OF ESTI-		8-2 6 -	82	26. НОU Р
1 2 25	x Male	A.RACE Black	5. DATE OF BIRTH	25	LAST BIRTHDAY) THE STREET OF	IF UNDER 1 YR.	IF UNDER	MIN. PRO	DATE NOUNCED DEAD		6-82		24 HOU 10
	OREIGN COUNTRY	uow W	76. CITIZEN OF WH	S. 4,		MARRIED NE	EVER MARR DIVORC	IED LE		comi.	OUNTY OF D	DEATH	м
1	Salis	bury	11. NAME OF HOSE 322 Del			R OTHER INSTITU	NOITU		OCCUPATION OF WORKING LIFE		ORK 12b. KIN	ND OF BUS R INDUSTRY	SINESS Y
	AL RESIDENCI		OR OTHER INSTITUTION, GIV NTY OMICO	RESIDENCE BE	FORE ADMISSION) OR TOWN LSDURY	13d. INSIDE	CITY LIMITS?	13e. STREET	Dela	ware	Ave.		
14. F	ATHER'S NAM	LE LA	(nKnow		ST	3.7	IER'S MAIDI FIRST		i Mode	,ow	w	LAST	
160.	WAS DECEASI YES, NO, OR UNKN	ED EVER IN U.S. AR	EWAR OR DATES)	166 SOCIA	AL SECURITY N	D. 17. INFOR		ept.	ADD SALIS	Suec	L m	1.	
NO	gave r cause (c lying ca	ons, if any, which rise to immediate o) stating the <u>under</u> use last.	(b)	AS A CONS	EQUENCE OF	OISEASE OR CONDITIO	ON GIVEN IN PA	RT 1 (a),					
CERTIFICATION	19a. DATE O	F OPERATION	19b. CONDIT	ION FOR W	HICH OPERATI	ON WAS PERFOI	RMED?			1		AUTOPSY?	NOX
CALCER	UNDERLYIN	AL CAUSE WAS GOR ING CAUSE OF	21b. TIME OF HOUR A.M. DEATH P.M.		DAY YEAR	ZIc. HOW INJURY	Y OCCURRE	D (ENTER NATUR	E OF INJURY IN IT	EM 18 PART 1	OR PART 2)		
MEDICAL	21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE [AT WORK	21e PLACE O STREET, FACTO	F INJURY ORY, FARM, ETC		If. LOCATION STREET		CIT	ORTOWN		COUNTY		STATE
2	22a I ceri death resul ACTUAL SIGNATURE EXAMINER	Name Tales	ge of the remains description of the second fluxes XI.	ribed above	, Suicid	TITLE (Inspection Icide SPECIFY) POUTY	Undetermit	EXAMINER		my apinian OATE 8- GIGNED 8-		
MEDICAL CERT IFICATION	(SPECIFY)	ATION, REMOVAL	236 DATE 8-26-8	_		CRE MY		23d. LOCAT CITY OR TO LEW	WN	S	COUNTY	sta'	
7	FUNERAL DIRE	on Stews	rt. Sali	sbur	y, Md.		SF F	1 0 19	ISTRAR 256	REGISTRA		URE	



		1	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	2 REG. NO	2	2	1	28
			CEASED NAME FIRST		WIDDLE	- 4	AST	2a DATE (DAY	YEAR	2b. HOUR
be	100		Elm	er L	•	Au	esten	au	rust	41	983	2	0335
o E	(MALL	3. SE	X	4 RACE		S. DATE C		-	YEARS LAST BIRTH	-	IF UNDER		IF UNDER 24 HRS
90 4	4 4 11 11	1	nale	White	е	Apr		5	3	YRS.	3	14	HOURS MIN.
9 4	52 V//	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN O	F WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIM	ORE CITY OR		Y OF DE	ATH	
deorl	76		Delaware	U. S	. A.	WIDOWE			omico				MD
ter o	201	10 C	ITY OR TOWN OF DEATH		F HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAI	OCCUPATIO				F BUSINESS OR
201	13 00	-	lisbury	Penir	isula Ge	neral	Hospital	Cont	racto	r	E	Lect	crical
24 hou	Aller Aller	13a.	AL RESIDENCE (IF NURSING HOME) STATE Plaware	OP OTHER INSTITUTION OF THE PROPERTY OF THE PR	13c. CITY OR TOW Delmar	/N	13d. INSIDE CITY LIMITS?	13e. STREET	ADDRESS E. De	lawa	are	Ave	3.
RYL/	2 s s	14 F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME				-	
MA bed	ald mo	C:	ifford Aust		LASI		Julia Bra	inard	Austi	n		LAST	
ORE, M.	d co			ARMED FORCES	P 166 SOCIAL SECT	JRITY NO.	17 INFORMANT		ADDRES	S			
TIMO	Poor	No			222-16-	3116	Betty M. A	Austir	Del	mar	, De	el.	19940
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours obtain abusicion.	d by the ottending physicose remove corbonpop iol, cremotion, or remove or other troumotic event,		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU 4 2 5 4 IMMED Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO,	OR AS A CONSEQUE	ENCE OF E	fignillah jeme sho jopathy o	W .	unour				MATÉ MITERVAL INSET AND DEATH
ORDS, 20	Then proposed to burninjury,	NOIL		servine	cmom	(00	2 In word of	MINAL DISEA	SE OR COND	TICK SO	EN IN P	ART 1ro	
AL REC	te hos bee	CERTIFICATION	19a. DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT	OPSY?		YING C	FINDING AUSES (GS USED OF DEATH? NO
SION OF VIT	certificate urial-transition Hygi Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIF EITHER NOTIFY MEDICAL EXAMI	DEATH HOUR	OF INJURY A.M. MONTH D. P.M.	AY YEAR	21c HOW INJURY OCCU	RRED (ENTER N	ATURE OF INJURY	IN ITEM 18 P	ART I OR P	ART 2)	
DIVISION ING PHYS	the band A	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACI (AT HOME, S	E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC }	21f. LOCATION STREET		CITY OR TOW	Ν	COU	YIN	STATE
ATTENDIA	CTOR: After for use as 1 of Health a 121 is mark	100	22a I certify that (I) (this has sow the deceased alive		86 19	\$ Z	d that in (my) (our) apinion	, to	ed on the date	e and hou	19r ond fro		hot (I) (we) lost auses stated
TAL OR A	RAL DIRE detoched tote Dept. VT: If hem		276 SIGNATURE	- to			ATTENDING	MEDICAL	STAFF	w.	226.	DATE S	
HOSPIT	Second be of the Store of the Store		DH.R.H	ESA.	614 8	nati	1720 ADDRESS	Rive	· st	>LIS	13 V	ny.	M.D. 31801.

231 NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

Marvel-Short Funeral Home Delmar, De.

23b. DATE

8-6-82

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 24 FUNERAL DIRECTOR

Salisbury Wicomico Md. Springhill Memory AUG 91982

200 - 541 + 2 mar 1 - 200 -od Lago Life | Control of the Contro Palisburg Feminaula Coneral Hospital Contractor Contract and the state of t OFFICE ACTION OF MEMORY OF PERMITS IN THE PROPERTY OF THE PERMITS was the state of t . The second sec District of the second of the

/1	it	em 6 #G572 10/	8/82 ph		TE OF MARYLA		4545			
/ 1	- S	OR '	ME	DICAL EXAMI		45	EATH	2 2	1 2	9
i.		GISTRAR ASED NAME FIRST	IVIL	MIDDLE	LAST	CATE OF D		REG. NO.	MONTH DAY	YEAR 25 HOUR
		CA	RL	9	BAILEY		OF	ESTI- MATED	8-26-8	
	SEX	4 RACE	S. DATE OF BIRTH	YEAR LAGISTIN	IF UNDER 1 YR.	IF UNDER 24 H		AA	6-82	YEAR 24 HOUR
1		le Black	5 22°	14 100	肾		DEAD	0-2	1	9 M
70	FOR	THPLACE (STATE OR SEN COUNTRY)	176. CITIZEN OF W	A COUNTRY?	MARRIED NE			comico	COUNTY OF DE	MD.
10	CIT	ORTOWN OF DEATH Salisbury		SPITAL, NURSING HOA			USUAL OCCU	PATION (TYPE OF	WORK 12b. KIND OR II	OF BUSINESS NDUSTRY
₩.	SUAL o ST	RESIDENCE (IF IN NURSING FOME O	R OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMIS	SION)		X(+10	Ca		
1			rset	Frincess	Anne YES L		Rt. 2			
14	i. FA1	HER'S NAME	WIDDLE	Russla	IS. MOTH	FIRST AIDEN N.	AME	NIDDLE	4)1 w	ST V
1 160	o. W	S DECEASED EVER IN U.S. ARA	MED FORCES?	THE SOCIAL SECUR	TV NO. 17. NEOR	MANTI	1 6	ADDRESS	OLBro	8 1
16	(165	(IF YES, GIVE	WAR OR DATES)	220-01-	7183 Man	1 H. Ba	iku J.	F. 2. B	0x2681	1. Hore
	1	8. CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	y one cause per line	e far (a), (b), and (c).)	Infarct	ion	7		APPR BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
		4106 IMMEDIAT	E CAUSE (0)	R AS A CONSEQUENCE			-		50	taacii
II, CREWOLDS, OK REMOVAL.	-1	Conditions, if any, which	000,0	NAS A CONSEGUENCE					543 (5.1	
		gave rise to immediate couse (a) stating the <u>under-</u>	DUE TO, OF	R AS A CONSEQUENCE	OF					
		lying couse last.	(c)							
		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO OFATH	BUT NOT RELATED TO THE TE	MINAL DISEASE OR CONDITIO	ON GIVEN IN PART 1 10	1),			
4 3	CATION	s. DATE OF OPERATION	TION CONDI	TION FOR WHICH OP	PATION WAS DEDECT	PAAED2			20 ALL	ITOPSY?
4			178. COND	MONTOR WHICH OF	KANON WASTERIO	NALD:				s No 🎏
	Ū.	16. EXTERNAL CAUSE WAS	21b. TIME O HOUR A.A	FINJURY A. MONTH DAY YE	AR 21c HOW INJURY	Y OCCURRED (E	NTER NATURE OF IN	JURY IN ITEM 18 PART		S LI NO E
3	3	CONTRIBUTING CAUSE OF D								
1	144	IN INJURY OCCURRED WHILE NOT WHILE CAT WORK	STREET FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)	21f LOCATION STREET		CITY OR TO	wN	COUNTY	STATE
	1					Inspection 2	7	X, and in	- 17	1/4/
		220 I certify that I took in 1999 death resulted from:	e of the remains de ol couses X ,		Autopsy L.,		ndetermined m		n my apinion	
		death resolled from:	7	Accident La,		SPECIFY)	naeterminea m			
		ACTUAL	1			2012425	MEDICAL EXAM	AINER	DATE 8-2	26-82
1		Earl	L. Ko	ger, M.D.	ADDRESS_	409 Ca	mden A	Ave., S	Salisbu	ary, Md.
23		CREMATION, REMOVAL 2			METERY OR CREMAT	ORY 23	OCATION	011	COUNTY	1 54/
7 23	(ar	Sa ij	8/31/8	2 54.1	lark	1	OLKS	Koad.	SomerSa	+1/0.
24	4 FY	NERAL DIRECTOR	407 SC	omerset A	ve.	25a. DATE REC'I	1982	AR OB REGISTR	AR'S SIGNATUR	REA
0	Jai	nes Funeral I	nome, Pi	rincess A	nne, Md.	SEP 2	1205	The man	7	

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DHMH - 16 50M 1/81 (VRA 15, 4)

1	1	FOR STATE		-	DEPAR		E OF MARYL. IEALTH AND	AND MENTAL HYG	SIEWE 2	2	2	3	0
		REGISTRAR				CERTIF	ICATE OF I	HTA3C	R	EG. NO.			
		CEASED NAME	FIRST	/	MIDDLE		LAST		20 DATE OF DEA		DAY YE	EAR 2b	b HOUR
	files		zma	u Was	shington	B	A KER		Au	GUST	13,190	821	1210 M
	3. SE	X	4	RACE		5. DATE (6. AGE (IN YEARS		IF UNDER I	YEAR IF	F UNDER 24 HRS
		ale		Whit	e	MONT!	H DAY	O H	77	YRS	MONTHS	DAYS H	HOURS MIN
21	Ta. BI	RTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUNTRY	(? 8.	D 🖾 NEVER	MARRIED T	9 BALTIMORE C	ITY OR COUN	TY OF DEA	TH	
5		ittsville	, Md.	U	SA	WIDOWE	_	VORCED [Wicom	ico			MD.
3	10 C1	TY OR TOWN OF DEAT	TH T		HOSPITAL, NURS		OR OTHER INS	FITUTION	12a. USUAL OCC		12b. KI	IND OF B	BUSINESS OR
0	Sa	lisbury		Pening	sula Ge	neral	L Hosp	ital	Retired			_	Worker
	W5U/	AL RESIDENCE (IF NURSINGTATE	NG HOME OR OT	HER INSTITUTION	GIVE RESIDENCE BEFO	ORE ADMISSION)					7,00		
14		arvland		omico	Salis		13d. INSIDE C	NO T	817 S.		sion	St.	
1		THER'S NAME			MACHINE	DULY		S MAIDEN NA	ME		51011	DC.	
2/1		Nelson	MI	DDLE	Baker		The state of	Annie		DDIE	Nibl	LAST C++	
1	6a V	AS DECEASED EVER II	V U.S. ARMI	D FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMA			ADDRESS	NIDI		
	NO	ES NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	217-14	-8550	Mrc	Laure	F. Bak	or lu	ife)	sam	e as#13
=	TAG		15 - 1 1				TILS.	Laure	E. Ban	.CI (W.			TE INTERVAL SET AND DEATH
		18. CAUSE OF DEATH PART I. DEATH WA	SCAUSED	BY:	and the same of th	rond	wu	acch	usion		BET		
		14100	MMEDIATE				1	00010	astive			mi	4
1		7100		DUE TO, OF	R AS A CONSEO		202	relea	21.2.12	2.22.01		101	200
	Conditions, if any, which gove rise to immediate (b) que native antenios clenosi)											15 W	(2)
		cause (a), stating underlying couse		DUE TO, OF	R AS A CONSEQ	UENCE OF					- 13		
				((c)									
	z	PARTA OTHER SIGN	IFICANT CO	NDITIONS CO	ONTRIBUTING TO	CAL		1 4 .			1		150000
	CERTIFICATION	1(0)	rete	DY YY	ellitus	1		1	isculan	_	14516		Bease
7	FICA	19a DATE OF OPERATI	ON	196. COND	TION FOR WHIC	H OPERATIO	N WAS PERFO	RMED	20a AUTOPSY		YES, WERE F TIFYING CA		
9	RT						Tel man		YES NO		YES 🗌		NO 🗆
31	-	210. ACCIDENT WAS UNDE		21b. TIME O HOUR A.		DAY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 1	8 PART TORPA	RT 2)	
	S	(IF EITHER NOTIFY MEDICA	AL EXAMINER)	P./		19							
	MEDICAL	21d. INJURY OCCURRE		21e. PLACE (OF INJURY EET, FACTORY, OFFICE	FARM, ETC.)	21f. LOCATK		CIT	Y OR TOWN	COUN	ITY	STATE
	-	WHILE NOT WHILE	E []					ASSE		All road			
		220.1 certify that (1)				-	Lu	19	, 10	nue		Z_tha	it (Kun last
		sow the deceased above (I) (we) (di	d) (did not)	new the bady	after death.	82 01	nd that in (my)	(our) apinian	death accurred an	the date and h	our and fran	n the cau	uses stated
- 1		226. SIGNATURE				TO SAN	DEGREE				220	DATESIC	GNED
		John (56	Zulkel	Der.	m	1)	ATTENDING PHYSICIAN	MEDICAL P	STAFF HYSICIAN	13	5-15	.8
1		22d. THI SICIAN'S NA	ME (TYPE OR P	RINT)			2 ADDRES			18.7%			9 17 16 24
11	16	John T.	Bu 11	kelev.	M.D.		Sal	isbury	v. Md.				
		URIAL, CREMATION, R		23b. DATE		NAME OF C	EMETERY OR		123d LOCATION	7			
	(urial		8/16/			s Cem		Salisi	Jury,	Wieunty,	, Ma	rykand
	_	JNERAL DIRECTOR		37.07					TE REC'D. BY REGIS	TRAR 25b, REG	STRAR'S SIG	GNATURI	E
	H	OLLOWAY F	UNER	AL HOM	IE Sal	isbur	bM .v		AUG 2319		be.	2.1	Buil 1

Vareversely DECEMBER 15 WEST 15VO 120 11 0 Palisbury Peninsula General Mounital Despite (Saint and making the form of making the substitute and artist (53 Cl S Comment of the State of

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 2 1 5 CERTIFICATE OF DEATH REG. NO.	3 1
aoy be	1. DECEASED NAME FIRST (TYPE OR PRINT) / L / E 7	MARIE BARNES 20 DATE OF DEATH MONTH DAY YEAR OLGUST 1982 1 RACE 5. DATE OF BIRTH 6. AGE (IN YAYS LAST BIRTHDAY) IF UNDER LYEAR MONTH DAYS MONT	
oth. Poge 4	Female BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	White May 7, 1925 57	ACONS MIN.
by the tun	Salisbury	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Somerset Co. Board	of Business or
within 24 ho	FATHER'S NAME	Terset Princess Anne yes Nother's Madien Name 134. INSIDE CITY LIMITS? 134. STREET ADDRESS Rtt 3, Box 6	AST
n ond camp	Pery 160 WAS DECEASED EVER IN U.S. / (YES, NO OR UNKNOWN) (IF YES, O	Dryden Lucy Milligar	
equires that the death certifications by the attending pheather please remove corbing to burial, remotion, or remonitry, or other troumatic ever	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DIATE CAUSE (a) CARDIOPULTMONARY HICKERY DUE TO, OR AS A CONSEQUENCE OF (b) SUPSIS MOD ACIDOSIS DUE TO, OR AS A CONSEQUENCE OF (c) TWARCTION OF SHALL JUTESTINE	110
N: The low re yssicion. Icate hos been ransit permit. I Hygiene prior	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FIND IN CERTIFYING CAUSE YES YES 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)	INGS USED S OF DEATH?
DING PHYSICIAN: or attending physicians after this certifical se as the buriol-tran oils the buriol-tran marked at Item 18:	OR CONTRIBUTING CAUSE OF D (IF ETHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK AT WORK	EDEATH HOUR A.M. MONTH DAY YEAR	STATE
HOSPITAL OR ATTEN inded by the hospital PRESTORE bits CTORE by the Store Dept of He CONTANT: If them 21 is	220.1 certify that (1) (this has saw the decessed live above (1) the (did did 17). SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	SIGNED
BP	230. BÜRIAL, CREMATION, REMOVA SPECIES Burial 24. JUNERAL DIRECTOR Juneal DIRECTOR		STATE

2001 8 65 115 11 12 11 ingivies Salisbury - Famingula Caneval Rospical Schemet Lo. Lord of Mind Screment Princess Anne x Rt 3, Enk 6 . 100 ir than 8 xo5 E .#8 218-20-423 Mayor Barner, Princess Anne, Ed. The state of the s Burial SAVA2 beechwood was Princers Anne: Comprent, witherest Anne, Md. W.

STATE OF MARYLAND

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STATE OF MARYLAND

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DHMH - 16 50M 1/81 (VRA 15, 4)

	500		STATE OF MA		0 0	2 2	1	2 4
1	FOR STATE REGISTRAR	- DEPARTI	MENT OF HEALTH			la la		0 4
1. D	ECEASED NAME FIRST	WIDDLE	LAST		REG. N 2a. DATE OF DEATH		AY YEAR	2b. HOUR
(17)	Maude	Henry	Brumla	v	august 1	2.19	182	01.30
3 S	EX	4 RACE	5. DATE OF BIRTH	DAY - AY 5-AR-	6. AGE ON YEARS LAST BIR	THDAY	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
70	FIRTHPLACE (STATE OR FOREIGN	White 76 CITIZEN OF WHAT COUNTRY?	July 5	7 1901	81	YRS.	OF DEATH	
M	aryland	USA	WIDOWED	VER MARRIED DIVORCED	BALTIMORE CITY C		OF DEATH	M
S	alisbury	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Peninsula Get	neral Ho	spital	Retired	Seams	12b. KIND C	Shirt
13a. M	aryland Wico	TOTHER INSTITUTION, GIVE RESIDENCE BEFORE TY MICO Salisb	Ury 13d. INS		Rt. 1 S	had P	oint	
14. F	FATHER'S NAME FIRST Henry	Brewington	15. MO	Annie	WE	Wi	lliami	Š
16a.	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	F WAR OR DATES	4708 Mrs		ighter) ADDRI ca P. Ben	nett,	'salis	Box 19 Sbury,
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H.	Canditions, if any, which	TE CAOSE (0)					yrs	111111111111111111111111111111111111111
	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	ence of a	rteniosc'	(enesis		YRS	
N O		conditions contributing to 1	edune			DITION GIVE	N IN PART 110	0
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MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		CATION	CITY OR TO	wn	COUNTY	STATE
		tol) attended the deceased from 19	6.24-2		, to to	ote and hour		couses stated
	22b. SIGNATURE	t) view the body after death	DEGREE	ATTENDING	. MEDICAL STAI	FF	22c. DATE	
	22d. PHYS HAN'S NAME (TYPE C	11 1 11 11 11		DRESS	DIRECTOR PHYSIC			
230	BURIAL, CREMATION, REMOVAL	123b. DATE 123c. N	NAME OF CEMETER	lisbury	Maryland	<u>J</u>		
230	(SPECIFY) Burial	8/15/82 Sh		Cemete	- CITY-OR COWM	ury, 1	wit.,	Md STATE
	FUNERAL DIRECTOR			250 DAT	E REC'D. BY REGISTRAR			
	Holloway Fune	ral HOme, Sal	isbury,	Md.	UG 1 3 1982	Sol	an I	Course

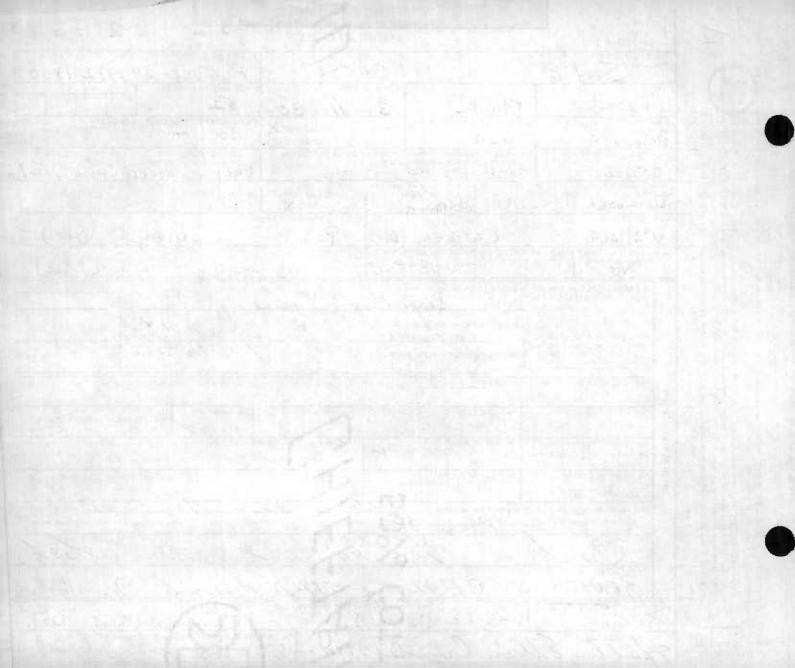
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STATE OF MARYLAND

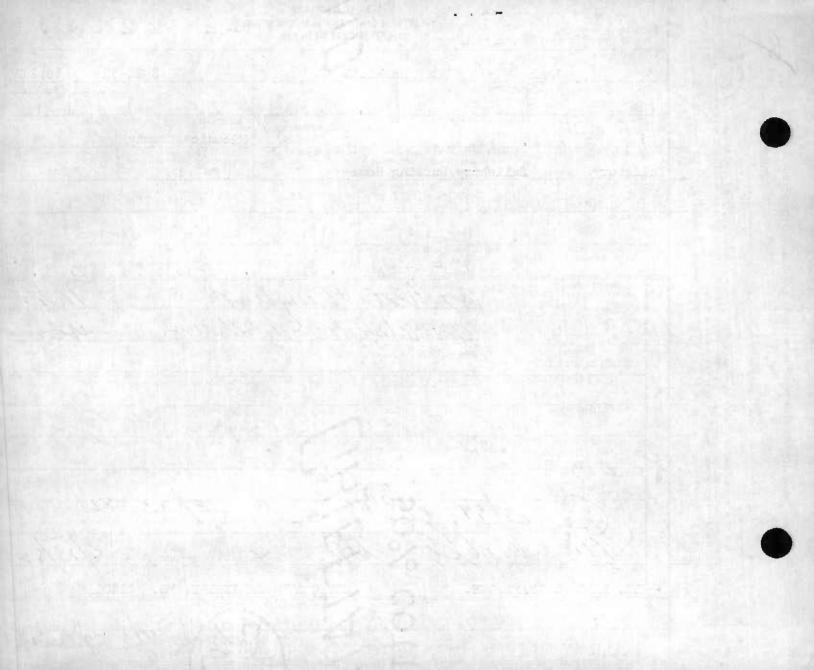
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2	1		500			OF MARYLAND		4 2 7	
3		1 -	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HY ICATE OF DEATH	GIENE & Z	221	3 7
-			CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH		2b. HOUR
1		(IIIFE	SALIE		CI	GUSEY	Hugust	29.1982	. 1850 M
TAN T		3. SEX		4. RACE	S. DATE C		6. AGE (IN CARS LAST BIRTH	MONTHS DAYS	IF UNDER 24 HRS
1	4		telmale -	Black	3	11 30	37	YRS.	
neral di	6	200	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNT	MARRIE WIDOWE	D NEVER MARRIED	Wicomico		MD
1 11 3	18	10. CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATIO		OF BUSINESS OR
D 5 50	0	S	alisbury	Peninsula (Hsp	Total A	JORKER CAW	
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours ysicon and completely filled in by open. Page 1 and 2 should be fill wall.	6	13a_5	TATE III COU	OTHER INSTITUTION GIVE RESIDENCE B	EFORE ADMISSION)	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS		
Al 42 4	61	14. FA	THER'S NAME			15. MOTHER'S MAIDEN N		(
A PE	2/1	U	DATTACE	CAUSE LAST	1 (DEC)	Pear 1	CAGI	EY V	SEC)
R. sector	5		AS DECEASED EVER IN U.S. AF	RMED FORCES? 168. SOCIALS	ECURITY NO.	17. INFORMANT	ADDRES	S	1
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SALT of the t	ľ		18 CAUSE OF DEATH (Enter o	inly one couse per line for (a), (b), ond (c).)	/	1	APPRO) BETWEEN	XIMATE INTERVAL
2 2028			PART I. DEATH WAS CAUS		spirato	y Tack	ne		
on or	1		1627	DUE TO, OR AS A CONS	OUENCE OF	/ / -/	, 6,	1.1.1	
deat deat arter tion,			Conditions, if any, which	(16) Carei	noma	of the	Lung with 19	elaslasis	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The law requires that the death circle afternding physician. Mer the certificate been signed by the attending as the burial-transit permit. Then please remaye carbon than Amental Hygiene prior ta burial, cremation, ar arked ar them 18 shows any injury, ar other traumatic.		4	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF		I to the &	Brain	
RDS, 201 equires the signed Then pled r taburial injury, ar		Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN PART 1	(a)
ECORI aw req been rmit. The prior that	7	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FINDI	INGS USED
TALRE la The la ician. It has not per risine	1	TIFIC					YES NO	IN CERTIFYING CAUSES	NO [
DN OF VITA PYSICIAN: The ding physicic certificate burial-transit Mental Hygis ar frem 18 she can be considered by the can be can be called by the can be called by the ca	a	CER	210. ACCIDENT WAS UNDERLYING		DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
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HYS and his control of the day of		MEDICAL	21d. INJURY OCCURRED	210. PLACE OF INJURY		21f. LOCATION	CITY OR TOW	N COUNTY	STATE
DIVISION INDING PHYY Is a cattendia		Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	ICE, FARM, ETC.]	/	1		
3 g 6 g E	- 1		22a.1 certify that (1) (this hosp	oital) attended the deceased fro	om_ * 8	123 19	2 to 8/2	9 , 19 52	, that (I) (we) last
TTEP Pital Pital far u			saw the deceased alive an above, (1) (we) (did) (did no	ot) view the body ofter death.	9 \$2.01	d that in (my) (our) opinio	n death occurred an the dat	e and hour and from the	e couses stated
OR ATTEN OR ATTEN OR HOSpital DIRECTOR Coched for up Dept. of He			226. SIGNATURE	01 /	/	DEGREE			ESIGNED
			Beneto	J. (1	an	MO ATTENDING PHYSICIAN	DIRECTOR PHYSICI	AND 8	129/62
= 9 11 0 5 4	1		224 PHYSICIAN'S NAME (TYPE	ORPRINT)	22e. ADDRESS	/)	10	3 0
+ 2 - 2 + 9	1		DENITO	S. (HA	N	547-0	Kiversid	e Wr.	Salisha
5 a 5 4 3 8	1	23a. B	URIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	. COUNTY	
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DHMH - 16 50M 4/B2	, [24. FL	NERAL DIRECTOR	1, 00	200	25a. D/	ATE REC'D. BY REGISTRAR 2	STREGISTRAR'S SIGNA	TURE
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	L	REGISTRAR					ICATE OF D			REG. NO.			
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Pog de	7a. B	IRTHPLACE (STATE OR FO	DREIGN		WHAT COUNTRY?	9			9. BALTIMORE			FDEATH	
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ours e file	TISU	Salisbury	NG HOME OR	Penin	Sula Ge	nera	Hosp	ital	nouse	MITE			
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ithir 2 sh	14. F	ATHER'S NAME		WIDDLE	ŁAST			S MAIDEN NA		IDDLE		LAS'	
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te b iicio ol:		18. CAUSE OF DEATH	(Enter on	ly one cause per	line far (a), (b), an	d (c).)							MATE INTERVAL
ficati pap novol ent, t		PART I. DEATH WA	AS CAUSE	D BY:		AC	AR	ResT					445
bon rer		4292	IMMEDIAT	E CAUSE (0)	Chape			,		1			
e deoth ce attendin mave corb notion, or troumatic			Conditions, if any, which () Or AS A CONSEQUENCE OF Cardiovascular Design year.										
deo ave ation		Conditions, if ony,		(b)	artenose	levol	uca	diova	scular	Din	ung	yea	~.
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d by the leose re- ial, crem ar other		underlying couse	lost.	(c)									
gne gne bur	z	PART 2. OTHER SIGN	IFICANT (CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE C	R CONDITIO	N GIVEN	IN PART 110	,
	CERTIFICATION		1011	141 COVID	TION FOR WALK	OPERATIO	ALIMAS BEREO	PALED	20a AUTOPS	V2 120h	IE VEC V	VERE FINDIN	CS USED
low re ermit.	2	190. DATE OF OPERAT	ION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	KWED	206 AUTOPS			NG CAUSES	OF DEATH?
The ion	1 E							571.5		00	YES [NO 🗆
PHYSICIAN: T ending physici this certificate burial-tronsi ad Mental Hygi d or Item 18 sh	U	210. ACCIDENT WAS UNDE	_	110110 4		AY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATUR	OF INJURY IN IT	EM 18 PART	1 OR PART 2)	
SICIA ng pl certif certif rrial-t	1 ×	OR CONTRIBUTING C		(In	Μ.	19							
	MEDICAL	21d. INJURY OCCURR	ED	21e. PLACE			21f. LOCATIO			ITY OR TOWN		COUNTY	STATI
or othendi	₹	WHILE NOT WHE	LE 🔲	(AT HOME, STE	REET, FACTORY, OFFICE	ARM, ETC.)	SIREE			III OK IOWII		Coom	31616
Aft of hord		22s. I certify that (I)		tal) attended th	a deceased from "	mai	1	10 82	- 10 0	went	77 10	80	that (I) (we)
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Spirit Sp		abon (I) (we) id	id) (did no	t) vigwdrie body		30		(our) opinion	dedili occorred c	ii iiie date at	10 11001 0		
OR A DIREC Oched Dept.		THE SYGNATURE	10.	100		111	DEGREE		6			22c. DATE	SIGNED
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	24. F	UNERAL DIRECTOR		•					E REC'D. BY REG		REGISTRA	R'S SIG AT	URE
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-	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLA MENT OF HEALTH AND M CERTIFICATE OF DE	MENTAL HYGIEN 🖁 🙎	22140
(B)		CEASED NAME FROM	within	1407	2s. DATE OF DEATH	MOHTH DAY YEAR 2h HOUR
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-	3. SE)	×.	4 RACE	5 DATE OF BIRTH	MAGE IN TERMS LAST BE	HONTE DATE HOURS AND
		Female	White	Sept. 20,	1896 85	YRS
75		Pennsylvania	IISA	MARRIED NEVER M	ORCED BALTIMORE CITY O	OR COUNTY OF DEATH
80	III. CI	LISBURY	11. NAME OF HOSPITAL, NURSI		TUTION 176 USUAL OCCUPAT	DEWCHKING LEET INDUSTRY
16	13± 5	Delaware Su	Ssex Seafor	rd sse inside cit	TY LIMITS? 13x STREET ADDRESS No (1) Methodis	st Manor House
23	111100	George Wi	iliam Benne		MAIDEN NAME MCOU	Crone
S medical	16a. V	VAS DECEASED EVER IN U.S. AR NO ORUNKHOWN) (IF FEL OI	NE WAR ORDATES!		daughter) (daughter) Elizabeth Murp	Rt. 1
or other traumatic ex		Conditions, if any, which gave rise to immediate course to stating the underlying course last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ENCE OF	coleu / rs	
18 shows any injury.	CERTIFICATION	PART 2. OTHER SIGNATION 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	196 CONDITION FOR WHICH	Taile VE H OPERATION WAS PERFOR	TO THE TERMINAL DISEASE OR CON CONDAY ON O	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
orked or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK		FARM ETC.) 21f LOCATION STREET	N CITY OR TO	OUNTY STATE
21 is mc		sow the deceased alive or	oital) attended the deceased fram	, and that in (my) (, 19 , to South accurred an the di	ate and hour and from the causes stated
						and the state of t

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY 8/4/82 Memorial Park, New Castle, D 250 DATE RECD. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Md AUG - 4 1982 Junes AUG AUG Delawar FUNERAL HOME, ADDRESS HOLLEOWAY FUNERAL HOME, Salisbury,

23b. DATE

DHMH-16 50M 1/B1 (VRA 15, 4)

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12	,	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENES 2	22141
		STATE REGISTRAR		CERTIFICATE OF DEATH	REG. N	IO.
of h		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 11 1982 0548 M
may be page 3	3 SE	x Madely	n Sarah 4	5. DATE OF BIRTH	6. AGE O YEARS LAST BIR	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
ours o	0.0	EM ale	White	July 24, 191	65	YRS.
deorth. 72 h	0	ATHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomic	OR COUNTY OF DEATH
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> 0 97//	Sa	AL RESIDENCE (INVERSING HOME OR	Peninsula Ge	neral Hospital	Retired	Clerk Dept. Store
fille outd		aryland Wic	ITY 13c CITY OR TOW	/N 13d. INSIDE CITY LIMITS? YES NO NO	#10 Spru	ce Street
pletely nd 2 sh		THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		
E o Octor	160 V	Urah VAS DECEASED EVER IN U.S. AR/	HUGSON MED FORCES? 1166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRI	Carey
be execu		(IF YES, GIVI	213-14-	1005 Mrs. Teres	agnier) Huds	on; Deimar, Def.
physician paper emoval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane couse per line for (a), (b), ar D BY:	de	1+0.1	APPROXIMATE INTERVALE BETWEEN ONSET AND DEATH
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gne gne burp rry, c	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CON	IDITION GIVEN IN PART 11a
law requision in the second of	CERTIFICATION	19a DATE OF OPERATION	19b CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
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DING PI or after After the se as the alth and marked	2	WHILE NOT WHILE AT WORK		A C	7	111 87
R ATTENDING hospital or att RECTOR. After hed for use as the hed for Use as the period Health or tem 21 is market.		220.1 certify that (I) (this hospit saw the deceased alive on above, (I) (we) (did) (drd no	Cheen 1 19	8 (and that in (my) (aur) opinian	death occurred on the de	ote and hour and from the causes stated
Che Che	,	216. SIGNATURE	Sview De Body after death.	DEGREE ATTENDING	MEDICAL STAI	22c. DATE/SIGNED
PITAL O by the IERAL DI oe detact State Du ANT: If I	-	22d. PHYSICIAN'S NAME (TYPE OF	(Olvalf	ATTENDING PHYSICIAN 220 ADDRESS	DIRECTOR PHYSIC	IAN 0 8/11/8 -
TO HOSPITAL retained by this TO FUNERAL I should be done with the State I MPORTANT: #		DAVID E. CO	ruall, Mr.	- 0:	ion St. Ja	slishery, MO 21801
	230. E	CURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE 23c 8 8/14/82 SDT	NAME OF CEMETERY OF CREMATORY GRAND	23d. LOCATION	isbury Wic., stand
DHMH - 16 50M 1/81	24 Ft	INERAL DIRECTOR		. 25o. DA1		25b. REGISTRAR'S SIGNATURE
(VRA 15, 4)	H	OLLOWAY FUNER	IAL HOME, Sali	isbury, Md. A	us 1 6 1982	John & Camely

See 45 1 1 to make moore kill DAVID & CHARLES PAID 1315 BEING ST SALLEY ROSE collisions and accordance to the soul appropriate by

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FOR

STATE OF MARYLAND		46	-
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	2	2	2
CERTIFICATE OF DEATH		100	1113

Ė	1.	REGISTRAR		CEI	RTIFICATE OF DEA	ATH	REG. NO	D.			
		CEASED NAME FIRE	ST M	IDDLE	LAST	20	DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	_
			TRICE	M.	EAST			8 23	82	37	М
	3. SE	X	4 RACE		ATE OF BIRTH	YEAR 6	AGE (IN YEARS LAST BIR	HDAY) IF U	MDER LYEAR	IF UNDER 24 HRS	_
		emale	whit			916	65		DATS	MOURS MIN,	
30	To. BI	RTHPLACE (STATE OR FOREIG	76 CITIZEN OF V	HAT COUNTRY? 8	RRIED X NEVER MAR	RIED 9	BALTIMORE CITY O		DEATH		
1	M	aryland	US		OWED DIVO		Wicomic	0		M	D.
9	100	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL NURSING HO	ME OR OTHER INSTITU		USUAL OCCUPATION		2b. KIND O	F BUSINESS OF	2
1	- 14	alisbury		ula Gener			1	- Heal	th I	Dept.	
-	13a S	AL RESIDENCE (IF NURSING HOSTATE		GIVE RESIDENCE BEFORE ADMISS	113d. INSIDE CITY	LIMITS? 1130	e STREET ADDRESS				_
)	Ma			Pocomoke	YES X NO			nd Str	reet		
51		THER'S NAME	MIDDLE	LAST	IS MOTHER'S M.		WIDDLE		LAS		
U		Rufus		Long	000				Mas	son	
2.		VAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECURITY N			603 Sec	ond St	root		_
		no	es, one wan on pares,	231-05-11	54 Le Roy	East	Pocomok	e City	Md.		
		18 CAUSE OF DEATH (En	ter only one couse per l	ine for (a), (b), and (c) ¿	- Wool	1			APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH	=
		PART I, DEATH WAS C	EDIATE CAUSE (o)	exper of	- freque	ng	S. Toll M.				
		2101	DUE TO, OR	AS A CONSEQUENCE	OF .	V					
		Conditions, if any, while gove rise to immedia									
9		couse (o), stoting t	he DUETO, OR	AS A CONSEQUENCE	OF						
	34	underlying couse lo	(c)						9. -		_
	z	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	NTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINA	AL DISEASE OR CONE	DITION GIVEN I	N PART 110	0 1	
-	CERTIFICATION	190 DATE OF OPERATION	I 185 CONIDIT	ION FOR WHICH OPER	ATIONI WAS DEBEOOM	50	200 AUTOPSY?	20b. IF YES, WI	FDF FINIDIN	IOC HOSE	
1	FIC/	DATE OF OPERATION	170 CONDI	ION FOR WHICH OPER	ATION WAS PERFORM	ED		IN CERTIFYING	G CAUSES	OF DEATH?	
	ERTI	210. ACCIDENT WAS UNDERLYIN	NG 7 216. TIME OF	INJURY	217 HOW IN IUI	Y OCCUPPED	YES NO (ENTER NATURE OF INJUR	YES _		NO [_
1		OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M	MONTH DAY Y	EAR	OCCORRED	(ENTER NATURE OF INJUR	TIN IICM IS PARTI	OR PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EX-	AMINER) P.N		211 LOCATION						_
	ME	WHILE IT NOT WHILE IT		ET. FACTORY, OFFICE FARM, ET			CITY OR TO	WN	COUNTY	STATE	
		220.1 certify that (I) (1his	tol) ottended Aba	deceased from	911/6	1092	10 3/23	10.5	82	at a a to 6 la Na	_
		sow the deceased ali	ve on	3 1982	ond that in (my) (ou	r) opinion deo	th occurred on the do	te and hour on		that (I) (we) los couses stated	Л
		22b. SIGNATURE	did not view the body o	Iter death	DEGREE				77c DATE	SIGNED	_
		N Be	n form	es MD		NDING A	MEDICAL STAF		9/2	3/82	
-		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	, 110	22e ADDRESS	SICIAN D	TRECTOR PHYSIC	IAN [01	, -	-
		SECOND TO SE									
	23o B	BURIAL, CREMATION, REMO	OVAL 236 DATE	23c NAME	OF CEMETERY OR CRE	MATORY	23d LOCATION				=
	- {	Burial	8/26/				DO O O O		este	r Ma	
		NERAL DIRECTOR				250 DATE RE	Pocomok CD BY REGISTRAR 3 0 198?	REGISTRAR			
	5	cous Mil	am Poco	moke City	. Md.	AUG	3 0 1987	18 tu	ما دار	mey	
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHS REGISTRAR . DECEASED NAME 2a. DATE KNOWN MONTH DAY 7h HOUR TYPE OR PRINTI Arthur 231 Wood Eaton. Jr. DEATH MATED 4 RACE SEX 6. AGE (IN YEARS | IF UNDER 1 YR. DATE 2d HOUR PRONOUNCED Male White DEAD 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PA. U.S.A. Wicomico DIVORCED X WIDOWED [ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Salisbury General Hospital Wicomico Beauchamp St. 13a. STATE Salisbury 13d INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST ARTHUR W. EATON SR. Ido. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES NO OR UNKNOWN) 192-12-6202 MRS KATHLEEN NAUGLE DELMAR, DEL. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Coronary Occlusion sudden IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic Cardiovascular Disease Conditions, if any, which vears gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Cirrhosis of liver. 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HI YES [NO F 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION NOT WHILE STREET, FACTORY, FARM FTC 1 CITY OR TOWN AT WORK Inspection X 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Notural causes X Undetermined manner TO FUNERAL DIRE TITLE (SPECIFY) ACTUAL DATE 8-13-82 AFTER DEATH. Deputy SIGNATURE Camden Ave., Salisbury, Md. Earl L. Royer, M.D. 23d LOCATION
CHYORIOWN
LEWES, DEL. 23c. NAME OF CEMETERY OR CREMATORY DELMARVA CREATORY BP 24 FUNERAL DIRECTOR Wilson Funeral Home, Salisbury, Md. **DHMH-17** (VR A15 ME (5) 15M 2/80

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	Toursell the street court of the street
	HOUSE IN COUNTY (I.E.) :

REG. NO. DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) John 3. SEX 4 RACE AGE (IN YEARS LAST BIRTHOAY) EGRU a. BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? (STATE OR FOR JON BALTIMORE CITY OR COUNTY OF DEATH MARRIED VEVER MARRIED Wicomico WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Peninsula General Hospital USUAL RESIDENCE (II OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13c CITY OR TOWN 15 MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS 17. INFORMANT LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF ACIDOSIS Conditions, if ony, which METABOLIC gove rise to immediate couse (o), stoting the ACCIDENT underlying couse brovascular PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 eno carcinoma 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED ŏ 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK 30 22a.1 certify that this hospital) attended the deceased from... 19 8 2 , and that in (my) (our opinion death occurred on the date and hour and from the causes stated HUCY. 8, sow the deceased alive on_ Dept. GREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS ld b 23g BURIAL CREMATION REMOVAL 23b. DATE 73c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY)

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

2b. HOUR

126. KIND OF BUSINESS OR

NO [

STATE

INDUSTRY

YES

DATE REC'D, 8Y REGISTRAR

COUNTY

22c. DATE SIGNED

10:00 PM

IF UNDER 24 HRS

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Z	1	FOR - STATE REGISTRAR			DEPART	MENT OF H	OF MARY EALTH AND ICATE OF	MENTAL HYG	DIENG 2	REG. NO			4 8
		CEASED NAME	FIRST		MIDDLE	L	AST		2a DATE OF			AY YEAR	26. HOUR
			Gilb	ert E	dward	ESKR	IDGE		Augus	t 29,	1982		12:50pm
(01)	3 SE	X	280	4 RACE		5. DATE C			6 AGE (INYE	ARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
(14)	I	iale		Whit	е	Aug.		1909	73		YRS.	ONTHS DAYS	HOURS MIN.
10 10/	7 a. B	IRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	RENEVER	MARRIED -	9 BALTIMO	E CITY O	R COUNTY	OF DEATH	
50		Salestown	, Md	. USA		WIDOWE		DIVORCED	W	icomi	co		MD
11 19		Salisbury		Dee	HOSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS)			120. USUAL C LIVPE OF WORK TIRED	CCUPATIO	NC	126 KIND (INDUSTRY Car	penter
1 3	130	at residence in nurs State Saryland	136 COUN		130 CITY OR TOW Parson		13d. INSIDE YES [CITY LIMITS?	RETREET 2	DDRESS BC	x 25	9	
ertel 2	14. F	THER'S NAME		AIDDLE	1241		15 MOTHER	S MAIDEN NA					
2000	V	lilliam	14	NIDDLE	Eskrid	ge		Elsi	е	MIDDLE	1	Wheat	ley
ers. Poges 1		VAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	217-14-		Mrs.		E. Esk	rido		ife)	#13 same as
d by the ottending physeose remove carbonpop ol, cremation, ar remave or ather troumotic event,		PARTI DEATH W 402 Conditions, if ony, gove rise to imm couse (o), statin underlying couse	which mediate g the	DUE TO, C	R AS A CONSEQUE	ENCE OF	art	terios la	Indi C Soure	Card	alaz		IMATE INTERVAL
Then pl	NO	PART 2 OTHER SIGN	HEICANT C	onditions <u>c</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE	ORCONE	OITION GIVE	N IN PART 1	O.
it permit.	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTO	PSY?			NGS USED S OF DEATH?
iol-trons intal Hyg tem 18 st		210, ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION MEDICAL CONTRIBUTION CON	AUSE OF DEAT		DE INJURY M. MONTH DA M.	AY YEAR	21t. HOW I	njury occure	RED (ENTERNAT	URE OF INJUR	Y IN ITEM 18 PA	RT I OR PART 2)	
ter trus of the but hand Me hand Me riked or [MEDICAL	21d INJURY OCCURR	LE 🗍		OF INJURY REET FACTORY, OFFICE F	ARM ETC)	211 LOCAT STREE			CITY OR TOV	VN	COUNTY	STATE
CTOK: At d far use c t. af Heoltl m 21 is mo		22a 1 certify that (1) saw the decease above, (1) (ve) (b	d olive on_	8/2	1 19-			19	to death occurred	on the do	1 te and hour		that (I)(we) lost causes stated
detoche tate Dep		22b. SIGNATURE	Dogi	4	fery)	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF PHYSIC		22c. DATE	SIGNED 9/82

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial

HOLLOWAY FUNERAL HOME, Salisbury

HWANG

9/1/82

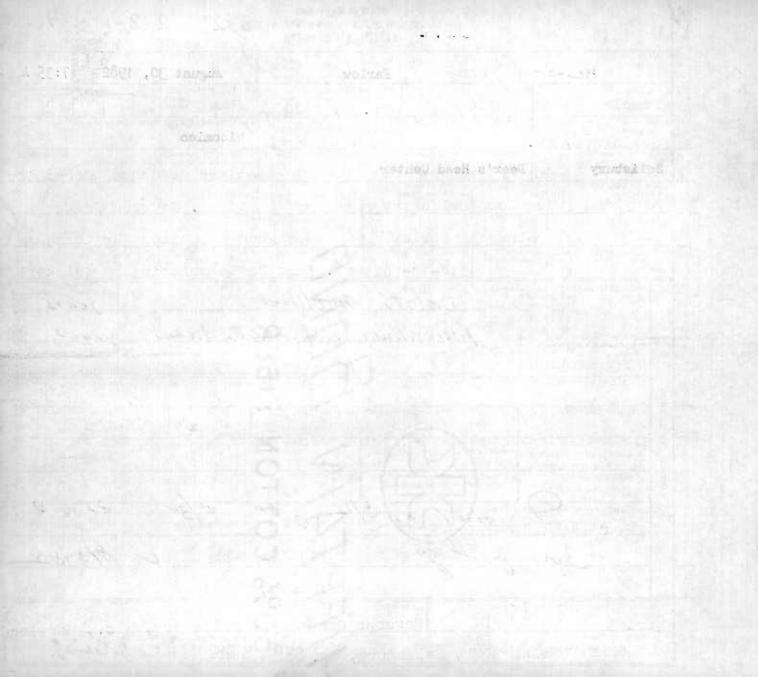
236. DATE

Deer's Head Center, Salisbury
METERY OR CREMATORY
WN Cemetery Galestown, Galestown Cemetery

county Maryland

0.02:50 Detr'u Hond Con cor, Islander, Md. 21801

STATE OF MARYLAND



		FOR STATE REGISTRAR		STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	REG. NO.	2 1 5 0
M)		EASED NAME FIRST MIL	ES B.	Ford. 15. DATE OF BIRTH	20. DATE OF DEATH MONTH 6 AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26. HOUR 14 82 155
o _s		MALE	WHITE	A-46. 1 1909	73 ,	
-33		OUNTRY D.	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COU	
30		alisbury	LIENOT IN SUCH EACH ITY GIVE	JRSING HOME OR OTHER INSTITUTION STREET ADDRESS) General Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) FARMING	NG LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
15	13a. S	MD. 50	Marsa T 136 CITY DR	TAMES 13d. INSIDE CITY LIMITS?	RR 4363	
190	4. FA	THER'S NAME FIRST ARREN	MIDDLE FOR	15. MOTHER'S MAIDEN N	WIDDLE	JONES
2 dio		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL 142-	SECURITYNO. 17 INFORMANT TO	ADDRESS DAMES	SUARTER, MD.
ony injury, or other troumotic	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT (200 AUTOPSY? 206.1	F YES, WERE FINDINGS USED
ked or Hem 18 store	RTIFIC				YES NO	YES NO NO
-//	CAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AFWORK		DAY YEAR 19 211 LOCATION	JRRED (ENTER NATURE OF INJURY IN ITEA	A 1B PART I ORPART 2} COUNTY STATE
Z I is mor		22a.1 certify that (I) (this haspi	////	1-1	on death occurred on the date and	hour and from the couses stated
IMPORTANT: If Item		226. SIGNATURE M. B.C. 22d. PHYSICIAN'S NAME (TYPE C	My Hone	DEGREE ATTENDING PHYSICIAN 22e ADDRESS		22c. DATE SIGNED 8/14/92
<u> </u>	23a B	URIAL, CREMATION, REMOVAL BECHY) burial	23b. DATE 8/16/82	23c. NAME OF CEMETERY OR CREMATOR Ford Cemetery	23d LOCATION Dames Quar	ter ous om Md Md Md Marke
31	24. FU	NERAL DIRECTOR NAME Leroy G. We	ADDI	Rt. 3, Box354 25mg	VG 2 3 1982	ISTRAR'S SIGNATURE

Leroy G. Webster

1 1 1 2 1 1 pla tati i sup Wilcomico Salisbury Feminania Ceneral Hospital Carrier CITY STEEL SHOW SHOW CONSTRUCTION OF THE bland terment seems vertened from -5% cive Laimed Leroy G. Webster Frincess Ame, Md.

STATE OF MARYLAND

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STATE OF MARYLAND

Column Linguist of 1982 2157

+/	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 2 2	2 1 5 3
n.s		ECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
oge 3 death		Emma	Jane	GOOTEE	AUGUST 17	1982 0610 M
A mo	3. St		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ect ect	-	Female	White	Oct. 13, 1913	68 YRS.	
deoth. P		SIRTHPLACE (STATE OR FOREIGN COUNTRY) Salisbury, M		MARRIED ☐ NEVER MARRIED ☐ WIDOWED DIVORCED	BALTIMORE CITY OR COUNT WICOMICO	Y OF DEATH MD.
is offer	S	alisbury	Peninsula G	ng home or other institution tappressi eneral Hospital	128. USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING I Laborer	126 KIND OF BUSINESS OR INDUSTRY Blinds
filled hould be	136.	Maryland Wi	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 130 CHTY OR TON COMICO Salis	VN 136 INSIDE CITY LIMITS?	300 Oak Stre	eet
ompletely of the contract of t	N.		iliam Marsh		Mae	Smith
on and c		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GI NO	MED FORCES? 166 SOCIAL SEC 215-03	Juane	hter) ADD 293 A. Johnson, S	Meadow Lark Dr Salisbury, Md.
No. The law requires that the death certificat hysicion. Tysicion. Torate has been signed by the attending physicions permit. Then please remove carbon pap Hygiene priar to burial, crematian, ar removo 18 shows any injury, or ather traumatic event,	CERTIFICATION		196 CONDITION FOR WHICH	JENCE OF JEN	YES NO Y	ES, WERE FIND INGS USED IFYING CAUSES OF DEATH? ES NO
uG PHYSICIAN. The offer this certificals the burial-trans the burial-trans the ded Mental Hyrked or Item 18	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE, (IF EITHER NOTHY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2) COUNTY STATE
O HOSPITAL OR ATTENDIN etomed by the haspital or TO FUNERAL DIRECTOR. Affishauld be detached for use a with the State Dept. of Health MPORTANT: If Item 21 is man		220. I certify that (I) (this haspi	the view the body ofter death.	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death occurred on the date and ha	that (I) (we) last ur and from the causes stated
TO HOSE should be with the IMPORTA	-	DENITO	S. CHAR	1 377- 0	Kiker side (Drive. Valish
BP	230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		name of cemetery or crematory icomico Mem. Par	k Sallisbury,	Wir., Marylan
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 F	UNERAL DIRECTOR	ERAL HOME, ADDS a	lisbury, Md. AU	E REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE

The state of the section of the sect 520 22 July 14 1884 3614 Salisbury Feningula Ceneral Bospital

1	- STATE REGISTRAR		ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	6613
	DECEASED NAME FIRST		hn	20. DATE OF DEATH MONT	6 1982 1-
Be	Female	WHITE S DATE OF MONTH MAR	BIRTH DAY YEAR 2, 1922		MONTHS DAYS HOURS !
500	MARY LAND	16 CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWEE	DIVORCED [9 BALTIMORE CITY OR CO Wicomico	
80	Salisbury	11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula Genera		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR OPERATO)	RING LIFE) 126 KIND OF BUSINE INDUSTRY TELEPHOI
130	MARYLAND WI	COMICO SALISBURY	YES NO	BAYSINGER	TATLER PARK
exomination of the second	JOHN	E SHOCKLEY	15 MOTHER'S MAIDEN NA/	WIDDLE	TIMMONS
16a	(YES NO OR UNKNOWN) (IF YES, (REMED FORCES? 16b. SOCIAL SECURITY NO. 142-12-9690	HAZEL NI	ELSON, PASA	ADENA, MD
0	7215	DUE TO, OR AS A CONSEQUENCE OF	11 _	101	
injury, ar ather traumo		DUE TO, OR AS A CONSEQUENCE OF (b) Congle Vivil DUE TO, OR AS A CONSEQUENCE OF (c) PULL CAN CONDITIONS CONTRIBUTING TO DEATH BUT N	diac diac diac diac diac diac diac diac	failure MAL DISEASE OR CONDITIO	ON GIVEN IN PART 1:0
iows any injury, at other traumo	gave rise to immediate cause 101, stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	(b) Conges Time Due to, or as a consequence of (c) Ricent Can		20a AUTOPSY? 20b.	. IF YES, WERE FINDINGS USEI CERTIFYING CAUSES OF DEAT
CERTIFICATI	gove rise to immediate cause IDI, stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF (c) PLUS CAN [CONDITIONS CONTRIBUTING TO DEATH BUT N 196 CONDITION FOR WHICH OPERATION 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 119 PLACE OF INJURY	I WAS PERFORMED.	200 AUTOPSY? 20b. IN I	IF YES, WERE FINDINGS USE CERTIFYING CAUSES OF DEAT YES NO [
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 20. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS Harold HAHN August 3, 1982 4 RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 1903 Male White Aug. TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Ohio Wicomico DIVORCED WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Salisbury Deer's Head Center Railroad Transportat: UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
30. STATE 135 COUNTY 136, CITY OR TOWN 13o. STATE 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Worcester Salisbury Maryland P.O. Box 470 YES T NOC 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME UNKNOWN FIRST LAST UNKNOWN 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES! 706-10-8647 Hazel Nelson Pasadena. Maryland No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY months ounewern of IMMEDIATE CAUSE (a) 66 OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last

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19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION

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Deer's Head Center: Salisbury, Md. 21801

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71d INJURY OCCURRED

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22d, PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL

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23d LOCATION

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S FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH		2 5 8
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3. SEXFEMAL	F A P 2 S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
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10. CITY OR TOWN OF DEATH Salisbury	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION [11. IN DATE OF HOSPITAL OF STREET ADDRESS]	Wicomico	MD. 12b. KIND OF BUSINESS OR INDUSTRY
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5 ≥ ≥ 23a URIAL CREMATION, REM	OVAL 135 DATE 231 NAME OF CEMETERY OF CREMATO	ORY 23/7 OCATION CITY OR TOWN	Demons 21853 STATE
50M 4/B2 24 FUNERAL DIRECTOR	P.1/ ADDRESS 3/853 Que 250.	DATE REC'D. BY REGISTRAR 2 6.	EGISTRAR'S SIGNATURE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR AUGUST 13, 1982 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 88 9 BALTIMORE CITY OR COUNTY OF DEATH WICOMICO 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Coal Miner 306 Allenwood Drive MIDDLE Starn Maxine Harden (daughte a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE , and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL STAFF ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 23d LOCATION CITY OR TOWN COUNTY Burial 8/16/82 Catawba Cemeterv Fairmont Virginia 24 FUNERAL DIRECTOR HOLLOWAY FUNERAL HOME, Salisbury Md.

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REGISTRAR

333 BARCLAY LAST SALISBURY, MD. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO T 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN SALISBURY, 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. RESISTRAR'S SIGNATURE WILSON SALISBURY, MD. FUNERAL HOME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

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IF UNDER 1 YEAR

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	3. SE)	Female	NEGRO	5. DATE OF BIRTH MONTH DAY YEAR 8-3-1919		IF UNDER LYEAR IF UNDER MONTHS DAYS HOURS
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-	1, DE	CEASED NAME FIR	251	5.11	WIDDLE		AST	2a. DAT	E OF DEATH		YEAR 26 HOUR	
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1 11 0	10 C	ITY OR TOWN OF DEATH	11.		HOSPITAL, NURSII		OR OTHER INSTITUTION		VAL OCCUPATION		KIND OF BUSINES	SOR
77		Salisbury	10		Deer's 1	Head C	enter	ret			5 DRIVE	R
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be exacuted within 24 hours to oftending physician. When this certificate has been signed by the attending physician and certificate for so the buriol-transit permit. Then please entering any organization of the proof of the proof of the proof of the prior to buriol, cremetion of minimal and mannot hygiene prior to buriol, cremetion of minimal and mannot hygiene prior to buriol, cremetion of minimal and mannot hygiene prior to buriol, cremetion of minimal and mannot hygiene prior to buriol, cremetion of minimal and mannot hygiene prior to buriol, cremetion of minimal and mannot hygiene prior to buriol, cremetion of minimal and mannot hygiene prior to buriol, cremetion of minimal and mannot hygiene prior to buriol, cremetion of minimal and mannot hygiene prior to buriol, cremetion of minimal and mannot hygiene prior to buriol, cremetion of minimal and mannot hygiene prior to buriol, cremetion of minimal and	M	ARYLAND N	COUNTY	ES TER	130 CITY OR TOV BERLIA	E ADMISSION)	136 INSIDE CITY LIMITS	13e STRE	eet address	Box 9	4	
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R ATTE hospito hospito ned for ppt. of them 21		sow the deceased all above, N (well all	did not vi	ew the body	affer death.	1)2 . 01	d that in (my) (our) opini	on death occ	urred on the do	te and hour and fro	om the couses state	ed
OR , ne ho DIRE ochec Dept		22b. SIGNATURE		0	16.0		DEGREE ATTENDING	MEDIC	AL STAF	/ /	DATE SIGNED	
·		(Varj	+ /	7 -	freg		PHYSICIAN	DIRECT	OR PHYSIC	IAND	129/12	
HOSPITAL FUNERAL Wide be dett Wide be dett Wide Stote ORTANT:		22d PHYSICIAN'S NAME	V		1		22e. ADDRESS					
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		BURIAL, CREMATION, REM		9-4-	00		EMETERY OR CREMATOR		CITY OR TOWN	M/ coyer	- M- 304	it.
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DHMH - 16 50M 1/81 (VRA 15, 4)		OILEY MEMORIA	1 1h	10-1	Kt. Adores	RSEY	KD.	EP 2	1982	John &	takiely	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS 2 2 1 6 7	CERTIFICATE OF DEATH	REG	NO.				
		2	2	2	i	6	1

1.	STATE REGISTRAR		DEPARTA		FICATE OF DEATH	REG. N	2 6	- 1	0 /
	CEASED NAME FIRST	ston V	Minfield		INSLEY	AUGUST		1982	1/03 M
3. SE	X	4. RACE		5 DATE		6. AGE IN YEARS LAST BE		IF UNDER I YEAR	
	Male	W	nite	MONI	May 16,1908	74	YRS	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN O	F WHAT COUNTRY?	R	ED ENEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
_	ryland	15200	U.S.	WIDOW	ED DIVORCED	Wicomic	0		MD.
	lisbury				or other institution 1 Hospital	TYPE OF WORK FOR MOST		126 KIND (E) INDUSTRY Cads	of Business or Employe
130 3	Md.	DUNTY Dor.	ON GIVE RESIDENCE BEFORE 130 CITY OR TOW Cambrid	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ace s	treet	
14 F/	John	MIDDLE	Insley	7	15 MOTHER'S MAIDEN NA Ellen	WE		Tay	lor
	VAS DECEASED EVER IN U.S YES NO OR UNKNOWN)	. ARMED FORCES? 5. GIVE WAR OR DATES)		600	Mrs Venn	ADDR		mbrid	ge Md.
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO.	OR AS A CONSEQUE		Lin	ny Come			
ION	PART 2 OTHER SIGNIFICAL	NT CONDITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 1	o :
CERTIFICATION	190. DATE OF OPERATION	196. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200. AUTOPSY?	IN CERTIFY	, WERE FINDI	NGS USED S OF DEATH?
MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART T OR PART 2)	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, PACTORY, OFFICE, FA	ARM, ETC }	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
	220.1 certify that (1) (4bis b saw the deceased alive abave, (1) (we) (did) (did	on_ 8/	198	V	nd that in (my) (998) opinion	death occurred an the d	ate and hour	and fram the	that (1) (last causes stated
	226. SIGNATURE	no M	0			MEDICAL STA		22c. DATE	SIGNED 82
	22d. PHYSICIAN'S NAME (T	A /	v22.B		12 ADDRESS	111000 64	Eart	- 1	IAI IS ALL

230 BURIAL, CREMATION, REMOVAL SPECIFY)
Burial 23b. DATE

23t. NAME OF CEMETERY OR CREMATORY

Aug. 29, 1982 Dorchester

23d. LOCATION

COUNTY

24 FUNERAL DIRECTOR

Thomas Funeral Home, Cambridge, Md.

Mem. Park Cam 250. DATE REC'D. BY REGISTR SEP 1 1982

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Ite

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WHEN PERSON

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

FOR

- STATE

DIVISION OF VITAL RECORDS,

Kyung YOOM, M . O Dear's Head Center, Salisbury, No.

gOA:e S801,15 Jaugust 21,1982 2:40p

Selisoury Dour's Head Conter

4	1.	FOR STATE REGISTRAR	STATE OF MA DEPARTMENT OF HEALTH CERTIFICATE	AND MENTAL HY	GIENE 2 2 2	2169
. 8.4		CEASED NAME FIRST	MIDDLE LAST		20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ge ge		Cath				982 7:30 am
(M)	3 SE	Female	A RACE S DATE OF BIRTH Black May 28,		6. AGE (IN YEARS LAST BIRTHDAY) 68 YRS.	IF UNDER 1 YEAR IF UNDER 24 MRS
195		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NE	EVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNT Wicomico	Y OF DEATH
to the to	10. C	TY OR TOWN OF DEATH Salisbury	11. NAME OF HOSPITAL, NURSING HOME OR OTHE (IF NOT IN SUCCEPACILITY GIVES TREET ADDRESS) Deer's Head Center, Salis	RINSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY
thus 24 hours	130 5	STATE 136 COU	That Withman YES [15. MO"	SIDE CITY LIMITS? NO THER'S MAIDEN NA	13e STREET ADDRESS 13 #3 13	cy 71
Complete Solution of the Complete Solution of	16a V	Robert VAS DECEASED EVER IN U.S. AF	MED FORCES? 1166 SOCIAL SECURITY NO. 17. INFO	Helizio ORMANT	ADDRESS	ILEV
tate be execu	1	YES, NO OR UNKNOWN) (IF YES, GI	E WAR OR DATES) 218-07-5319	Paul	Warr	201/
es that the death certificate ed by the attending physic pleose remove carbonpope urial, cremotian, ar removal v, ar other froumatic event, th		PART I. DEATH WAS CAUSE	by one couse per line for (a), (b), and (c). D BY: E CAUSE (a) Mitastutic Cau DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	- 2 to	le lung	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
ING PHYSICIAN: The low requires to thending physician. Wer this certificate has been signed os the burial-tronsity permit. Then ple the ond Mental Hygiene prior to burial carked at Item 18 shows any injury, an arked at Item 18 shows any injury.	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT REI		Minal disease or condition gi	VEN IN PART 1(o)
ician. The low rate hos bee nsit permit. rgiene prio shows any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS F	PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)
IG PHYSICIAN: The ottending physicial physicial rer this certificate is the burial-tronsit a ond Mental Hygie red or tem 18 she		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	TH HOUR A.M. MONTH DAY YEAR	OW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
DING PHYS or offendir After this case os the buselith and Marked and	MEDICAL	21d INJURY OCCURRED WHILE ON OT WHILE OF WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	CATION	CITY OR TOWN	COUNTY STATE
OR ATTEN The hospital DIRECTOR: ached for us Dept. of He Them 21 is			Soon, M. 5	ATTENDING PHYSICIAN	death accurred on the date and ha	19, that 11 (we) last ur and from the couses stated 22c DATE SIGNED # -23-#-2
TO HOSPITAL retained by the TO FUNERAL should be deta with the State IMPORTANT:	22	Kyung	Yoon	Deet		enter
BP	7	SPECIES DIRECTOR	336. DATE 236. NAME OF CEMETER 5/20/82 Sher woo	d com	23d LOCATION CITY OR TOWN She VIVECO TE REC'D. BY REGISTRAR 256 APG IS	COUNTY STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	1	Juny H	Dos hall Ester W	9	P101982	in To Carrely

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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
D FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 2 1	
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 2a DATE KNOWN Month Day Year	2b. HOUR
NO W -	(Type or Print) Wallace H. Johnson Of ESTI Aug. 7	82/54°
ay is 3 to Poge nt of	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
delay is ond 3 to M3. Page rtment of	Male White 11/7/1925 MONTHS DAYS HOURS MIN Month Augury 7 Year 97	2 154 M
th. Any ges 1, 2, 0 form PM	70. 8IRTHPLACE (Stote or fareign cauntry) N. Dakota US.A. 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Wicomico	M
offer deoth. S. Give Poges olong with the state eoth.	10. CITY OR TOWN OF DEATH	USINESS OR
0 % o	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY WICOMICO Nanticoke YES NO	
	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle L Holger Johnson Mable Coulthart	.ost
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, Yuekgown) (Now gave wegor dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 477-24-8127 Verna M. Johnson, Nanticoke, Mary:	land
executed within anding" in pencil Medical Examine t permit. File pagint within 72 hou		ATE INTERVAL SET, AND DEATH
be executed "pending" in iief Medicol E nosit permit. F event within	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave	
	rise to immediate cause (a), stating the underlying cause last.	
ertificate should writing the ward warded to the Changed as o burial-trooval, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
0 0 0	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOI YES 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 4-or Part 2 Item 18.)	/
iffice al be		_ no [g]
N 3 # F P P P P P P P P P P P P P P P P P P	PRIMARY FOR CONTRIBUTING HOUR AND THE CAUSE OF DEATH CAUSE OF DEATH 21d. INJURY OCCURRED WHILE AT WORK AT WO	State
L EXA		my opinion
d d d	death resulted from Notural couses , Accident , Suicide , Homicide , Undetermined manner	nty opinion
pleose I director retoine L DIRECTOR ION TO BE SON TO BE	ACTUAL CHIEF MEDICAL EXAMINER CONTROL	
YY, ple erol di sal D prior	SIGNATURE	
TO DEPUTY necessary, property from the funeral S may be man to Funeral Health price	EXAMINER'S NAME (Type) CON LINE OF ADDRESS (Street, city, town, or county)	
TO L	230 BURIAL CREMATION 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(State)
	Delmar va Crematory Dewrs, Delaware	
VR A15ME (5) 10M REV. 1/68	24 UNERAL DIRECTOR DE SSULTA BIVALVE, Md. 250. RECTO BY REGISTRAS 250. RECTO B	U.J.

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		CEASED NAME FIRST OR PRINT) Willard	MIDDLE	71	SO N	20 DATE OF DEATH MONTH	DAY YEAR 26 HO
1	3 SE	male_	White	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY) 57 YRS.	IF UNDER I YEAR IF UND
AG	V	RTHPLACE (STATE DE POREDA COLATRA)	76 CITIZEN OF WHAT COUNTRY	MARRIE		9 BALTIMORE CITY OR COUNT WICOMICO	Y OF DEATH
Softied Softied	Si	ALISBURY	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE PENINSULA GEN	VERAL		120 USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSI INDUSTRY
33	130 5	Md. 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFORM 131. CITY OR TOV Salisbu	NN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 310 Poplar H	ill Ave.
	14. FA	THER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE	LAST
medical	1	VAS DECEASED EVER IN U.S. A VES NO OR UNKNOWN) (IF YES, C	RMED FORCES? 166 SOCIAL SEC SIVE WAR OR DATES) ZZKØK4ØZ		17 INFORMANT	ADDRESS	
injury, or oth	ATION	underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	(c) CONDITIONS CONTRIBUTING TO			200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS US
à Q	0						IFYING CAUSES OF DE
m 18 shows ony i	AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF D	EATH HOUR A.M. MONTH D		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	
3 7	MEDICAL CERTIFICA	OR CONTRIBUTING CAUSE OF D (IF EITHER MOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE	EATH HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	19 FARM ETC 1	21c. HOW INJURY OCCURI 211 LOCATION STREET		
or Item 18 shows		OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22o. I certify that (1) (this has sow the deceased alive a above, (i) bus (did) (did)	P.M. 216 PLACE OF INJURY	FARM ETC)	211 LOCATION STREET 79, 19 \$ 2 Ind that in (my) (our) opinion	RED (ENTER NATURE OF INJURY IN ITEM 18	COUNTY . 19
Hem 21 is morked or Item 18 shows		OR CONTRIBUTING CAUSE OF D (IF EITHER NOTEY MEDICAL EXAMIN 21d. INJURY OCCURRED WHITE AT WORK 220. I certify that (1) (this has sow the deceased alive a abave, (1) the colored (1) (1) (1) (2). SIGNATURE	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, putal) attended the deceased from in 19 19 19 1001) view the body after death.	FARM ETC)	211 LOCATION STREET 19	CITY OR TOWN CITY OR TOWN death occurred an the date and ha	COUNTY . 19
or Item 18 shows	MEDICAL	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22o. I certify that (1) (this has sow the deceased alive a above, (i) bus (did) (did)	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, pital) attended the deceased from, (AT HOME STREET, FACTORY, OFFICE, pital) attended the deceased from, (AT HOME STREET, FACTORY, OFFICE, PORTON OF PRINT) OR PRINT)	FARM ETC) 8 2 0 or	211 LOCATION STREET 19 \$ 2 Indication (my) (our) opinion DEGREE ATTENDING	CITY OR TOWN CITY OR TOWN death occurred an the date and ha	COUNTY 19 52, that (I ur and from the couses 22c. DATE SIGNE

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/					STATE OF MARYLAND		
V.	100	1	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL HY	GIENE 2	221730
0		١.	REGISTRAR		CERTIFICATE OF DEATH	REG. N	
/			CEASED NAME FIRST	WIODLE	LAST	2a DATE OF DEATH	MONTH DAY YEAR 26 HOUR
0	200	(TYPE	Jones,	E	MARY	August	31 1982 430
á	(88)	3 SE		4 RACE	5. DATE OF BIRTH	6 AGE THE EARS LAST BIR	
90		4	-emale	Black	6 30 1902		MONTHS DAYS HOURS MIN
	10 35		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8. MARRIED - NEVER MARRIED -	9 BALTIMORE CITY C	R COUNTY OF DEATH
o ap	34.6	10.0	1419.	a.s.A.	WIDOWED DIVORCED	WICO	MD.
offer	y the	5	alis bung	(IF NOT IN SUCH FACILITY, GIVES	RSING HOME OR OTHER INSTITUTION THEE ADDRESS!	TYPE OF WORK FOR MOST	126 KIND OF BUSINESS OR INDUSTRY
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ND 2		130	TATE 136 COU		TOWN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	neknoll Drive
YLA	2 sh	14 F/	THER'S NAME		15 MOTHER'S MAIDEN N	AME	
MARY	d e	d	Sim	Dorr Dorr	nan Berth	enia	Leatherbury
ORE,	dicol.		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIALS	SECURITY NO. 17 INFORMANT	D. I ADDRI	TO A MI
BALTIMOR of the executed	P. P. P.		No	215-	20-440 homa	5 Darkley	Tr. Anne, Ild.
BAI Cote	ysici apper apper nt, th		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	g pł sonp reme			TE CAUSE (a)	vac Itrres	'	minutes
NO &	cark cark , ar natio		4100	DUE TO, OR AS A CONST	QUENCEJOF 1 -	1.	
PRESTON			Conditions, if any, which gove rise to immediate	((b) 1140C	un dias Infa	ICTION	minutes
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	signe hen p to bu	Z	He Deat Page	iou . Cer		sclerosis	DITION GIVEN IN PART 1101
RECORDS.	nit. T	ATIC	190 DATE OF OPERATION		TICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
	S See S	CERTIFICATION				YES NOW	IN CERTIFYING CAUSES OF DEATH?
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7 V V V V V V V V V V V V V V V V V V V			OR CONTRIBUTING CAUSE OF DE				
N S K	ding p ding p buriol: Mento or Item	MEDICAL	21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 21f. LOCATION		
DIVISION OF VIT		ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.) STREET	CITY OR TO	VN COUNTY STATE
ā Ž	After the os the olth and marked		220.1 certify that 🐪 (this hasp	ital) attended the deceased fr	April 11 10 80	- Aug	31 82, that (we) lost
Z	TOR: for us of He 21 is	7	sow the deceased alive or	Huy 3	V 1.	n death occurred on he d	ote and hour and from the causes stated
	S + G E		22 5 GNA DRE	M) wew the body after death.	DEGREE		22c DATE/SIGNED
		31	Linuas	a Hill	M. M. ATTENDING	MEDICAL STA	FF 8/31 /87
TI d	FUNERAL UIG be det of the State ORTANT:		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e ADDRESS	11 A	0
HOS	0 0 0 = 0		THOMAS C.	HILL JR	Pine Blu	1 Road,	Salisbury, Md.
01	5 4 5 4 3 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	23a	SPECIEVE CREMATION, REMOVAL	L 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	BP		Burial	9-4-82	Mt Zion .	Poltst	a S. Md.
	H - 16 50M 1/76	24 F)	INERAL DIRECTOR	James TIL address	Thinces A 1250 250	BY REG BY REG BIZAR	236 REOSTRAR'S SIGNATURE

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(VRA 15, 4)

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Trustile T. T. C. Price . The allege . Frmele L. w Ceu. 1-5-26 Ceu. . . .A. 15. 15 17 1 Selisbury Feninsula General Mospital Houseuile Hone Santa Series Trainer brombe to a continue of the state of t Burial de 9-1-18 | Bor. Manorial I ark habild to Dor. Pe.

STATE OF MARYLAND	
AT OF HEALTH AND MENTAL	HYGIE

DEPARTMEN CERTIFICATE OF DEATH

LAST

WIDOWED

REG. NO 2a. DATE OF DEATH MONTH 2b. HOUR Aug.

IF UNDER 1 YEAR

LAST

IF UNDER 24 HRS

FOR - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

Male

3. SEX

CERTIFICATION

MEDICAL

prior

Mental Hygiene

hould be deta

PORTANT.

8

Frank J. Kovacic 4. RACE

7b. CITIZEN OF WHAT COUNTRY?

White

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 1130. COUNTY 1142. CITY OR TOWARD

MIDDLE

5. DATE OF BIRTH Feb. 18, 1908

YES T

MARRIED NEVER MARRIED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Peninsula General Hospital

NO D

Frances Kovacic

15. MOTHER'S MAIDEN NAME

Wicomico 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

MIDDLE

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

9. BALTIMORE CITY OR COUNTY OF DEATH

AGE LIN YEARS LAST BIRTHDAY

ephone Co. Ret. Be] Tel 13e. STREET ADDRESS Walston Trailer

Wicomico 4. FATHER'S NAME Frank Kovacic

Ta. BIRTHPLACE (STATE OF FOREIGN

Tinois

Salisbury

(YES, NO OR UNKNOWN)

IO CITY OR TOWN OF DEATH

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

21b. TIME OF INJURY

16h SOCIAL SECURITY NO.

Salisbury

LAST

17 INFORMANT

13d. INSIDE CITY LIMITS?

ADDRESS 07-9235 Anna L. Kovacic Salisbury. Md.

18	CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),	.)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: LA 100 IMMEDIATE CAUSE (0) Candi	iac Assest	
	anditions, if any, which (b) acut	e myocastial infonct	727
co	ause (a), stating the DUE TO, OR AS A CONSEQUENCE	1 1 1	

198. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY?

WAS PERFORMED	20a. AU	TOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH				
	YES 🗌	NO	YES 🗆/	NO 🗆			
21c. HOW INJURY OCCURRED	(ENTER	NATURE OF INJUR	Y IN ITEM 18 PART I/O	R PART 21			

COUNTY

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

HOUR A.M. MONTH DAY YEAR P.M. 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1

211. LOCATION

STATE

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an. abave, (1) (we) (and) (did not) view the body after death 22b. SIGNATURE

DEGREE

22e. ADDRESS

MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN [

22c. DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OR PR

23c, NAME OF CEMETERY OR CREMATORY

23d. LOCATION

 230. BURIAL, CREMATION, REMOVAL	23b. DATE
Burned of	0 0

DOL. TST

verside Cem Powellville: Maryland

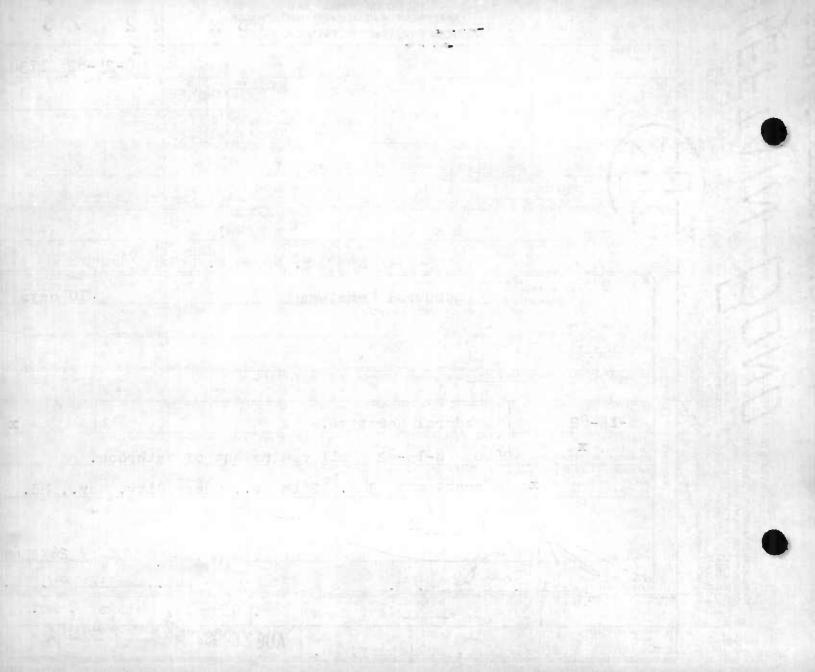
DHMH - 16 50M 4/82 (VRA 15, 4)

24. FUNERAL DIRECTOR

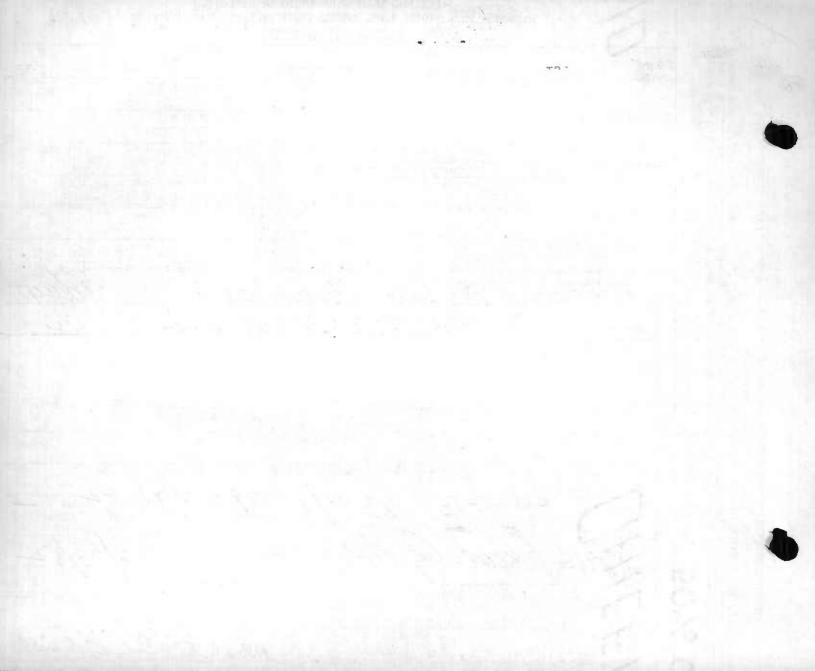
Marvel-Short Funeral Home Delmar. De.

Page 18 June 1 sicovor . W . Hore of content to a self none of the TOWNS THE TAKE SAME AND THE PROPERTY OF Like and the state of the Exercise the Europe of the Land Control of the Cont the second party second

	1,	FOR			ST DEPARTMENT O		AARYLAND I AND MENTAL	HYGIENE	2	2 1	1 7	3
	1-	STATE REGISTRAR		ME	DICAL EXAMI	NER'S	ERTIFICATE	OF BEATH	REG. I	NO.	1	O
		CEASED NAME	FIRST		WIDOFE,		LAST	2a. DA		MONTH		AR 26. HOUR
IN STREET,	Melanja Kuczynski OF ESTI- DEATH MATED 08-25						5-82	1730 _m				
	3. SE		RACE	5 DATE OF BIRTH	YEAR LAST BIRT	YEARS IF UN	IDER 1 YR. IF UNDE	R 24 HRS. 2t. D	ATE DUNCED	MONTH	DAY Y	EAR 2d. HOUR
	-	emale	White			3.9 mon	DATS HOOKS	DI	AU Au	gust2	5 198	32 м
S	a B	IRTHPLACE (STAT	E OR	7b. CITIZEN OF WI	78. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUN				OR COUNT	Y OF DEATI	d	
ľ.	P	oland		USA		WIDOW			OMICO			MD.
	10. C	ITY OR TOWN OF	DEATH	(IF NOT IN SUCH FA	PITAL, NURSING HO	S)		12a USUAL OC FOR MOST OF	WORKING LIFE)	YPE OF WORK	126 KIND OF	F BUSINESS USTRY
		alisbur		Penins	ula Gener	cal H	ospital	House	wife		none	3
		STATE	NI COUN	TY	13c. CITY OR TOWN	1	13d. INSIDE CITY LIMITS?	13e. STREET AD	DRESS			
	Section 1	aryland	Mont	gomery	Rockvil	lle_		14301	Merto	n Cou	rt	
í	114.1	ATHER'S NAME		WIDOLE	LAST		15. MOTHER'S MAIL		WIDOLE		LAST	
	160	(unknow			Dubowski	NO VIII	(UNK	nown)	ADDRE	\$\$		
	The Contract of	res, no, or unknows		WAR OR DATES)			Mrs. He	lon K	me as	#13	ahter	n)
	N		DEATH /Frances	ni a a a a a a a a a a a a a a a a a a a	far (a), (b), and (c).)	131110	IMIS. ne	Tell K.	DOTAIL	luau		MATE INTERVAL
	1	PART I DEAT		man a	Subdural	Hems	tome				BETWEEN C	davs
2		885	O IMMEDIAT		AS A CONSEQUENC		tooma	***************************************			110	uays
BATIMORE, MARYAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.			if any, which	- /-								
		cause (a) st	ta immediate ating the <u>under-</u>	DUE TO, OR	AS A CONSEQUENC	E OF						
		lying cause	lost.	(c)							1	
	13	PART 2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	ERMINAL DISEAS	E OR CONDITION GIVEN IN I	PART 1 o				
	N S											
	CERTIFICATION	190. DATE OF O			TION FOR WHICH OP						20 AUTO	
	I	210 EXTERNAL		216 TIME OF	dural her	[2], H	18. OW INJURY OCCURE	ED CENTER MATURE	S SAN INV IN 175	10 0407 1 00 0	YES [□ NO X
		UNDERLYING	X OR	HOUR A.M	8-15-8	AR						
P	MEDICAL	21d INJURY OC		21e PLACE	OF INJURY (AT HOME,	2H. LO	11 comir	ig out (or par	nroom	1.	
	ME		NOT WHILE D		artment		126th S	st., Oce	RTOWN Ci	t vr To	ION	Md.
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į	19		/		cribed above, held an					and in my api l	inion	
h	9	death resulted	Irom: N	ni causes .	Accident X	Suicide	, Hamicide	Undetermined	d manner			
		ACTUAL SIGNATURE	1/11	M			.D. Deputy	HEDICALE	(A A A A A A A A A A A A A A A A A A A	DATE	08/ 2	6/82
-	1	/	//	X			2	MEDICAL EX				
X.	4	EXAMINER'S N.	Earl	L. Roye	r. M. D.		ADDRESS 409	Camden	Ave.,	Sali	Lsbur	y, Md.
	23a. E	SURIAL, CREMATIC		3b. DATE	23c. NAME OF C	EALETERY C	D CDELLATORY	Internation				
		urial		8/28/82	Immacul.	ate E	leart Cer					E a ;
		UNERAL DIRECTO		ADDRESS			25q DAT	£ 30 08	TRAR 286 RE	GISTRANS S	CHATURE	A
)	H	OLLOWA	Y FUNEF	RAL HOME	, Salisbu	ury,	Md.	0001001	0			



MARYLAND STATE DEPARTMENT OF HEALTH



7	10	1 - ST RE					STATEMENT OF I	HEALTH		ENTAL H	(3)	t'a	2 REG.	2	1 8	0
	-		ASED NAME	FIRST		MIDDLE			LAST			20. DATE OF	KNOWN ESTI-	MONI	TH DAY	EAR 26. HOUR
	20195			EVEL		K.		LYN				DEATH	MATED	D 0.	-19-82	1547
	STATE OF STA	3. SEX Fem		White	5. DATE OF BIRTH	O1	6. AGE (IN YEA LAST BIRTHDA 80 YR	RS IF UN		IF UNDER HOURS	24 HRS. MIN.	2c. DATE PRONOUN DEAD	NCED 8	3-19-	-82 19	YEAR 2d HOUR
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	F ANY DE 2, AND 3 TO 3, REFAIN SHOULD BE	SUAL I 130. STA	TE Md.	FIN N. COUNT	R OTHER INSTITUTION, GI	E RESIDENCE)N)	13d INSIDE CI		13e. STR	EET ADDRE	ss ille	n Ro	oad	
	5 T - OAD	14. FATE	HER'S NAME		MIDDLE				15. MOTHE	R'S MAIDE	_		NDD4E		LAST	
	THE SERVICE OF	l E	Henry		MIDDLE	R	oth		K	ather	ine	M		sie	£A51	
BALTIMORE	ALTIMO AFTER DE SIVE PAGE TH FORM HISION OF VISION OF	160. WA (YES, I	S DECEASED NO, OR UNKNOW	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)		-12-02		17. INFORM		: I I	ynch	ADDRE	SS	ll Ave	
	RECORDS, 201 W, PLESTON \$1., D BE EXECUTED WITHIN 24 HOUR ENDING" IN PENCIL IN 1TEM 18. MEDICAL EXAMINER ALONG W MEDICAL EXAMINER ALONG W A 24 A BURIAL - TRANSIT PERMIT. EATH AND MENTAL HYGIENE, D CREMATION, OR REMOVAL.	> P	Canditians gove rise couse (a) s' lying cause	TH WAS CAUSED IMMEDIAT , if any, which to immediate toting the under- toting the Under-	E CAUSE (o) DUE TO, OR (b) DUE TO, OR (c) ONTRIBUTING TO DEATH	Crus AS A CON AS A CON	hed Ch	DF DF NAL DISEASE			RT 1 (a)	<u> </u>			BETWEEN	IMATE INTERVAL ONSET AND DEATH
	WITCHE BURIAL	TIFIC	10 EXTERNAL		21b. TIME OF		WITTER				5				YES	
	DIVISION OF V NER, THIS CERTIFICATE S CATE, WRITING THE WO FORWARDED TO THE COR, PAGE 3 SHOULD BE THE STATE DEPARTMENT AND, 21201 PRIOR TO BLO	EDICAL C	NDERLYING ONTRIBUTING INJURY OC WHILE	G CAUSE OF D	HOUR A.M.	8-1	PAYS YEAR 9-82 (AT HOME. TC.) COAS	Pe 21f LOG	CATION		str		by p	ick	up tru Norces County Cean C	ter
	TO MEDICAL EXAMINER: THIS (EXECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR! PATER BEATER BEATE	A S	death resulted	AME Rarl	the remains design to	Accident	X, Sui	Autop:	Homic TITLE (SI D. De)	PECIFY) Outy	Undete	ICAL EXAM	onner		TE 8-2	Md.
27	BP	24. FUN	bu:	OR	Baltimo:	W	NAME OF CEM Oodlav	ETERY O	emete	ery 250. DATE F	REC'D. BY	REGISTRA 4 198	R 256 RP		S SIGNATURE	siMd.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20 DATE KNOWN TE MONTH (TYPE OR PRINT) LYNCH OF ESTI-WILLIAM H . 8-19-82 3. SEX 4. RACE & AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR MONTH 9 PRONOUNCED 8-19-82 , Male White 02 To. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN COUNTRY) Wicomico Md. U.S.A. DIVORCED WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS eninsula General Hospital FOR MOST OF WORKING LIFE)

OR INDU

retired accountant -Salisbury steel USUAL RESIDENCE (IF IN NURSING HE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS Baltimore 13d. INSIDE CITY LIMITS? 13. SJREET ADDRESS 5801 Hillen Rd. Md. 14. FATHER'S NAME Nettie MIDDIE FIRST MIDDLE William Lynch Brooks 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 215-07-4551 Mr Robert I Lynch 5624 Knell Ave 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-Crushed Chest ninutes IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. CERTIFICATION FORWARDED TO THE CHIEF N TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND 21201 PRIOR TO BURIAL, O 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO A 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING Pedestrian struck by pickup truck. CONTRIBUTING CAUSE OF DEATH Worcester 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE DE BAÇHMORE, MARYUAND 21201 P highway Coastal Highway at 22md St., Ocean City, Me WHILE AT WORK Inspection X Inquiry X 220 I certify that I took delige of the remains described above, held an Autopsy Accident X Homicide death resulted from: Undetermined monner TITLE (SPECIFY) ACTUAL 8-20-82 Deputy DATE SIGNATURE L. Royer, M.D. Earl 409 Camden Ave., Salisbury, Md. 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore Md. 8-21-82 Burial Woodlawn Cemetery 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 RECHARACE SIGNATURE **DHMH-17** Leonard Ruck, Baltimore. Md. (VR A15 ME (5)) 15M 2/80

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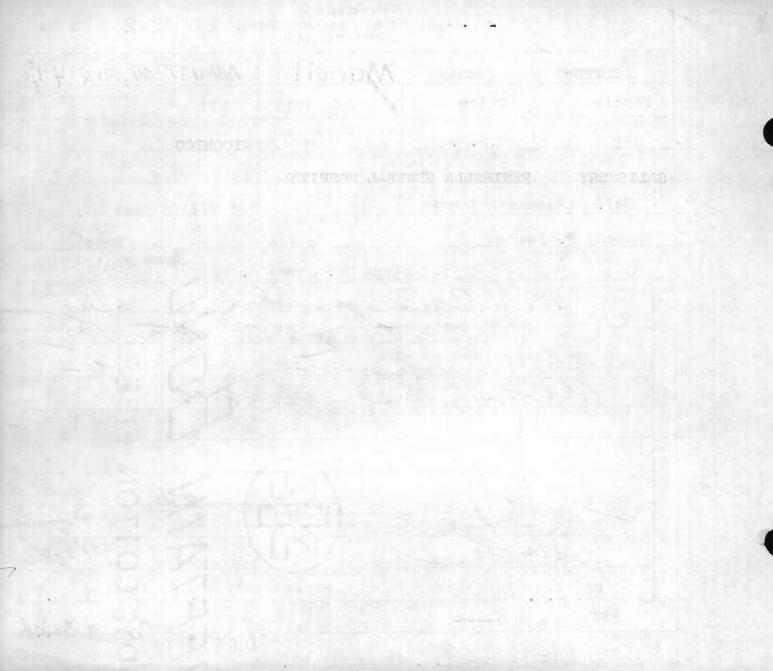
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HERRAR				JTHUR	Alle		MAP		SR.		DEATH MA	TED []		82 1	157,
	3. SE	Male	Black	5. DATE OF BIRTH	1°O°	6 AGE (IN YEA	() MONTH		HOURS 1		DATE ONOUNCED DEAD		8-82	YEAR	2d. HOUR 11 M
THE REAL PROPERTY.	est F	IRTHPLACE (ST PRIGN COUNTRY)		76. CITIZEN OF WH	A. COUN	ITRY?	MARRII WIDOW	ED NEV	ER MARRIE DIVORCE	D			OUNTY OF D	DEATH	
ZES SE		ITY OR TOWN		11. NAME OF HOSE						12a. USUAI	Wicor OCCUPATR	ON ITYPE OF V	WORK 12b. KI	ND OF BUS	MD.
A PAGE		Salisbu	U	Peninsu.	la G	enera		spita	al	POTIO	SO A	borer		NDUSTR	<u> </u>
F ANY CAND 3 PETAIR SHOULD CHECOR		STATE M.		DROTHER INSTITUTION, GIV TY OMICO	113c. CITY	or town		13d INSIDE OF	Y LIMITS?	13e STREET	ADDRESS Slat	Bri	dge R	oad	
A F-ACE	/	ATHER'S NAME		MIDDLE	31	LAST		15. MOTHER	R'S MAIDEN		MIDDLE		U	LAST	
OF AGE	160	JCOY(DEVER IN U.S. AR	MED EODCES?	TIAL SOL	CIAL SECURITY	NO	17. INFORM		<u></u>	Δ	DDPESS	MF	RMC	
BALTIMORE. URS AFTER DEA' B. GIVE PAGES WITH FORM P. WITH FORM P. DIVISION OFW.	100.	VES, NO, OR UNKNO		WAR OR DATES)				Emm		APP	AŁ	DOVE	Ame a	826	,
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S, 201 v CUTED TO NO MER TION, O		lying cau	se last.	(c)									0		
RECORDS, LD BE EXEC PENDING" MEDICAL D AS A BUR HEALTH AN	NO			CONTRIBUTING TO DEATH B						[-] (a).					
F VITAL RI TE SHOULD WORD "PE E CHIEF A SE USED, SUMPLE HE	CERTIFICATION	19a DATE OF	OPERATION	196. CONDIT	ION FOR	WHICH OPERA	TION W	AS PERFORM	AED?					UTOPSY?	NO [X
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TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, IN PAGE 4 SHOULD BE FORW. TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE STABLE ST		death resulte		e of the remains descrat fauses	ribed abo		Autaps ide .	Hamicio	ECIFY)	Undetern	Inquiry X		my apinian	-30-	82
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TO A TO FILE BALT	73n F	TYPE OR PRI	TION, REMOVAL 2			NAME OF CEM		ADDKE22	-	23d, LOCA				,	
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DHMH - 17 (VR A15 ME (5))		Tolley		1 Home,	Sali	sbury	, Mo		SEP		82	- REGISTRA	J. Com	in a	
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	and the second second	12/2015/19/19	JH W.

	1	- STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.							
deoth deoth		CEASED NAME FIRST PE OR PRINT) Sandre	A W,	MARTIN	August 6, 1982	DAY YEAR 26 HOUR 6:30P M				
or o	1	EMALE	4. RACE WHITE	5. DATE OF BIRTH P1 1932	6 AGE (IN YEARS LAST BIRTHDAY) VRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.				
1	C.	ACLIFORNIA	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY Wicomico	OF DEATH MD.				
4/		alisbury	11. NAME OF HOSPITAL, NURSIN Deer'S Head Cer		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR				
35	13a.	STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE UTY CESTER BERLI	N 13d. INSIDE CITY LIMITS?	BERLIN, MD	CARDEN APT.				
32	14. F	ATHER'S NAME CHARLES	WOOD LAST	BEULAH	ME	ANGLEY				
9 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFO		MARTIN APTS, A	PRACE GARDEN							
rial, cremation, or remove or other troumatic event,		PART I. DEATH WAS CAUSED 1539 IMMEDIAT Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause lost.	D BY E CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF	olon	BETWEEN ONSET AND DEATH				
Young any	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF YES IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? 5 NO				
ond Meridol Hy	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL IF EITHER, NOTIFY MEDICAL EXAMINER; 21d INJURY OCCURRED WHILE NOT WHILE	TH HOUR A.M. MONTH DA	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART ?) COUNTY STATE				
		22a.l certify that (I) (this hospit saw the deceased alive an abave, (I) (we) (did) (did not 72b. SIGN ATURE	al) attended the deceased from	. and that in (my) (aur) opinion						
APORTANT, # %		Maccy W. Tust	PRINT)	DEGREE ATTENDING PHYSICIAN [27e ADDRESS ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22¢ DATE SIGNED				
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	210 B	ORIAL REMOVAL	236. DATE 23c. N	AME OF CEMETERY OR CREMATORY VERSIDE CEMETER	Center, Salisbur	COUNTY STATE WORKESTER M				
'81	74. F	Anna A. B	ADDRESS	WILLIAMSST. 250. DAT IN, MD 21811						

STATE OF MARYLAND

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3	L	FOR STATE REGISTRAR	_ ↓ DEI	PARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENS 2 2 2	185		
m €		CEASED NAME FIRST	WIDDLE	m	LAST		YEAR 76. HOUR		
poge 3	3. SE	Lawre	nce Edward		CANNA, SI		1402 2245		
afte.	1	ale	White		Ly 6, 1965		IF UNDER I YEAR IF UNDER 24 HRS		
director, hours aft		IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COU		LY 6, 1905	77 _{YRS.}			
125 25	Cł	nicago, Ill.	USA	MARRIE		BALTIMORE CITY OR COUNTY OF DEATH Wicomico			
e 3 : 6		Salisbury	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Peninsula	E STREET ADDRESS)		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE Sales & Service			
hould be filed with the filed with t	13a. Ma	AL RESIDENCE (IF NURSING HOM STATE 136 CC	E OR OTHER INSTITUTION GIVE RESIDENCE UNITY 13c. CITY O	E BEFORE ADMISSION)		13.4 165720088 aglin 01 Parkwood A			
Moderal Services	14 F.	ATHER'S NAME Benjamin	Thomas McCa		15. MOTHER'S MAIDEN NAME FIRST Emma	WE	ape LAST		
s. Poges 1		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES	07-3619	Mrs. Marga	ADDRESS	me as #13		
g physici con poper removal. event, th		PART I. DE ATH WAS CAU	only one couse per line for (o), JSED BY. IATE CAUSE (o) CARD		HREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
attendir nove corb stion, or roumatic		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CON	SEQUENCE OF					
lease rem rol, cremi		couse (a), stating the underlying couse last.	Pe	DUE TO, OR AS A CONSEQUENCE OF (c) PERTWEAL JUFFELTYON + FYSTULA COA					
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s been prior to prior to sony in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	OKT VHICH OPERATIO	FAZLURE N WAS PERFORMED	200 AUTOPSY? 206. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?		
ronsit pe Hygiene 18 show	CERTIF	210. ACCIDENT WAS UNDERLYING				YES NOW YES	NO		
riol-tr entol th	AL	OR CONTRIBUTING CAUSE OF		H DAY YEAR					
s the bur ond Me ked or It	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C	1,100	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE		
TOR: After the of Health 21 is mar	3	22a I certify that (I) (this to	pital frended the deceosed on 19		nd that in (my) (our) opinion of	eoth occurred on the date and hour	9 8 2, that (I) (we) lo		
etoched to Dept. of It It Item	3	22h SIGNATURE	The body after death.		DEGREE ATTENDING _	MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED		
Sto d		224 PHYSICIAN'S NAME VIN	AL COR AND	>	22e ADDRESS	J DIRECTOR [] THISICIAN []	1 1 1 0		

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR FUNERAL HOME, Salisbury, Md.

8/17/82

730 BURIAL, CREMATION, REMOVAL BURIAL

SCHACFER, UD

23c. NAME OF CEMETERY OR CREMATORY

Wicomico Mem.

Park

Salisbury, Wic., Marwiland

7, NIMED, CNTR, SAUSBURY

McCopins L. Duglet 17 18 ST. B. 15

Salishury Peninsula Ceneral Hospital - Man Communication

C++3 -498 # 731 31 11 Salisbury Feminsula General Hospital Congress Cangacone - Account to the second wether a motor and the tell and

Leonard J. Ruck, Inc. Baltimore, MD. 21214

Denimenta Comerci Hospinat LESSO Line Lessonalist Lesson Select in President

Princess Anne.Md

STATE OF MARYLAND

FOR

(VRA 15, 4) 1/79

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BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

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1		FOR		STATE OF MARYLAND		0 0	0 0
	1 -	STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	H	la la	8 7
		CEASED NAME FIRST	WIGDIE	LAST	2a DATE OF DEA	G. NO. TH MONTH DAY	YEAR 2h HOUR
	(TYPE	Cora		NEAL	August 1	7, 1982	4:30 ª
	3. SE	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LA	AST BIRTHDAY) IF UNDER	DAYS HOURS MIN.
	F	emale.	NEURC) 9 91	910 8/	YRS.	
5	7a. BI	IRTHPLACE (STATE OR FOREIGN	76. CHITSEN OF WHAT COUN	MARRIED NEVER MARRI WIDOWED DIVORCE	ED 1	TY <u>OR</u> COUNTY OF DEA LCO	ATH MD.
h		ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE S	URSING HOME OR OTHER INSTITUTION			KIND OF BUSINESS OR
Ц		alisbury	Deer's Head	Center	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		FOSPITAL
1	13a. S	AL RESIDENCE (IF NURSING HOME O	OMICO 131. CITY OR	LISBUNYES A NO	MITS? 13e. STREET ADDR	Delnus	LE AVE
1	-	THOMAS	MIDDLE PAR	KER WILL	4 MIDE	7/	Pustee
		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIALS	SECURITY NO. 17 INFORMANT	- 1 · ^	DDRESS	. A.
		MO	219-0	5-12991-645	LJOHNSO	U 144	DelALUALE
		PART I. DEATH WAS CAUSI		1 12	e stomaci	Constalla BE	APPROXIMATE INTERVAL
		1519 IMMEDIA	ATE CAUSE (0)	1000000		1 Wirg	6146
ij		Conditions, if ony, which	DUE TO, OR AS A CONSI	EQUENCE OF LE 44	C FC S		
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF		MINISTER OF	
		underlying couse lost.	(c)				
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR	CONDITION GIVEN IN P	ART Iro
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS LISED
d	TIFIC				YES TO NO		AUSES OF DEATH?
1		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	21c HOW INJURY	OCCURRED (ENTER NATURE O	FINJURY IN ITEM 18 PART LORP	
	CAL	OR CONTRIBUTING CAUSE OF DE		19			
	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC 21f. LOCATION STREET	CITY	OR TOWN COU	INTY STATE
		AT WORK NOT WHILE		mesalta in Ethic			
	=	22a I certify that (I) (this hasp saw the deceased alive or	oital) attended the deceased fr		opinion deoth occurred on t		, that (I) (we) lost
		obove, (I) (we) (did) (did no 22b SIGNATURE	ot) view the body ofter death	DEGREE	opinion does not occurred on t		. DATE SIGNED
		naucy	W. Tusto	ai, MID, ATTENE	DING MEDICAL CIAN DIRECTOR PH	STAFF	
1			OR PRINT J	22e ADDRESS	Barrier - Carlo	THE BILL OF	
1		Nancy W. Tu		Deer's	Head Center,	Salisbury,	Md. 218 01
0	23a B	BURIAL, CREMATION, REMOVAL	L 23h DATE	THE NAME OF CEMETERY OF CREMA	ATORY 23d LOCATION	The state of the s	· June
	16 6	INFRAL DIRECTOR	10-01-02	Mugullus III	250. DATE REC'D, BY REGIST	CO W	L MIL
	1	100t tune	ultono	" Selle MI	AUG 20198	32 John	g tourist

gaer to amount the large The property of the second co Salishury ... year's Head Conter M.S. Williams of Sanday K With Deliverse Fin Clay I STATE TANAPET AND TO SEE THE DELICATION tangs J. Jousin, J.C. Deap't Hond Center, Salisburg, Pt. 910 on

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

B	2
4	40-70

22190

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
i	1. DECEASED NAME FIRST	WIDDIE	LAST		MONTH DAY YEAR 26 HOUR
	Rosalyr	M.	Noble	Acoust	+ 14 1992 7:45
ì		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEAR LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female	White	March 3, 1920	62	YRS.
5	Maryland	U.S.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF	
9	Salisbury	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Peninsula Ge:	ng HOME OR OTHER INSTITUTION ADDRESS) neral Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 126 KIND OF BUSINESS OR
5	13a STATE	The City Or Townset Princes:	VN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS Route	3
1	14 FATHER'S NAME Sylvester	Muir	15. MOTHER'S MAIDEN NA	MIDDLE	Sydnor
	160 WAS DECEASED EVER IN U.S. ARM (YES, NO ORUNKNOWN) (IF YES, GIVE	WAR OR DATES) 16b. SOCIAL SECU 214-10		Noble. Pr	ute 3 incess Anne, Md.
	gove rise to immediate couse (01, stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO PART 2 OF OPERATION		ENCE OF DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	MINAL DISEASE OR COND	10h IF YES, WERE FINDINGS USED
	E I			YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
1	216. NOTIFICATION OF CAUSE OF DEAT 15 ESTIME, NOTIFICATION AND CAUSE OF DEAT 216. NOTIFICATION AND CAUSE OF DEAT	21s. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21s. PLACE OF INJURY 1AT HOME STREET FACTORS, OHICE 6	AY YEAR 19 211 LOCATION	RED (system nature of mate)	
	WHELE ASSUMED	of) attended the accosed from	DEGREE ATTENDING	death occurred on the du	19 19 that (II) (we) last te and hour and from the course stated 77c DATE BIGNED
	22d. PHYSICIAN'S NAME (TYPE OR DAVME.	PRINTI DESTA	PHYSICIAN [P.D. 776. ADDRESS /305. D/	VISION St. S	alisbuy MD21801
	230 BURIAL, CREMATION, REMOVAL (SPECIF Burial		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Oriole	Somerset, Md.
	24 EUNERAL DIRECTOR	<u> </u>		TE DE CID. DV DE CUETO LO	SY GEGISTRAR'S SIGN JURE

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the otten should be detached for use as the buriol-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to buriol, cremation,

MPORTANT: If Item 21 is morked or Item 18 shows

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

Janes L. Human

Princess Anne

AUG 1 91982

John J. Coherf

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€ 67	no A	x	ennA	nasoning	Someweat	Lenyland
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Moute : Princess Anne	Noble,	.a runt	ia Sta	212-10-		of
			TOP			

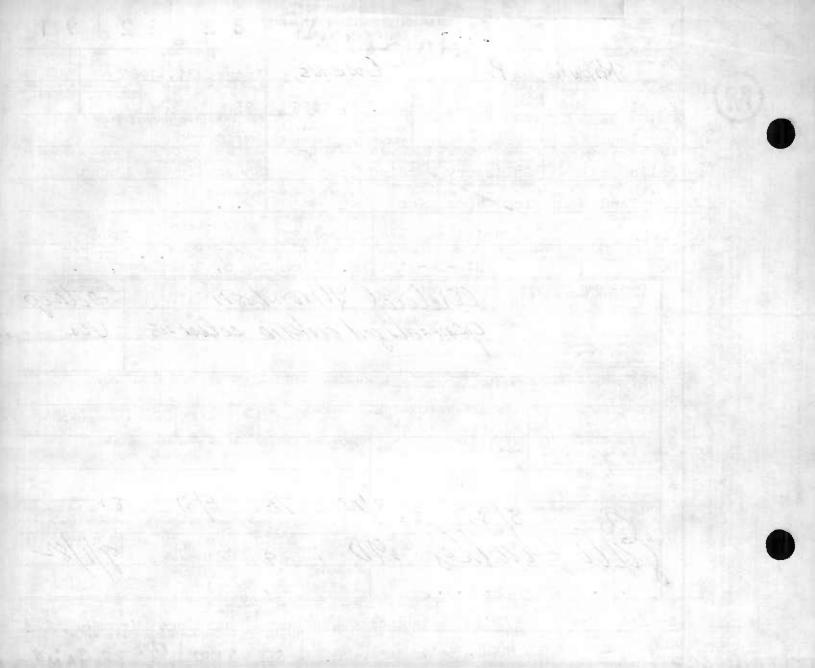
8/61/82 Oriole Camatery Oriols, Somercet, Md.

Princess Anne Adolustes Frank Recent

STATE OF MARYLAND

FOR

(VRA 15, 4) 1/79



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME FIRST 20. DAIE OF DEATH MONTH 2h HOUR orence SEX 4. RACE 5 DATE OF BIRTH THEYEAR! CAST BIRTHDAY IF UNDER 1 YEAR MONTH DAY YEAR 17 BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED LI NEVER MARRIED COUNTRY Wicomico DIVORCED WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Peninsula General Hospital Salisbury FACTORU WOI SUAL RESIDENCE (IF NURS HE HOM R INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 30 STATE 13c CITY OR JOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 160. WAS DECEASED EVER IN U.S. ARMED FORCE ADDRESS (IF YES, GIVE WAR OR DATE (YES, NO OR LINKNOWN) NO BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) PART I. DEATH WAS CAUSED BY: phy 16 cm IMMEDIATE CAUSE (c DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which 6 70 ~~ gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 0 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [the burial-tronsit 710 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH #e# (IF EITHER NOTIFY MEDICAL EXAMINER) P.M ō 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE morked WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceosed plive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 21 Hem Dept. 726 SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN = should be deto with the Stote MPORTANT 274. PHYSICIAN'S NAME TYPE OR BEINT 22e ADDRESS

DHMH - 16 50M 1/81 (VRA 15, 4)

0

236 BURIAL, CREMATION, REMOVAL

258 Church St

23b. DATE

23c NAME OF CEMETERY OR CREMATORY e5/e4

23d LOCATION

COUNTY

POTE AND ALL TRANSPORT OF THE PROPERTY. TENNALD BLACK 3 16 47 55 COLUMN TO THE PARTY OF THE PART Manual February Comercal Reputation Commission Ma Seminat Ridme P 18 3 Est 367 Charles Henry Parkers Marke Marker THE RESERVE THE CORNEL PROPERTY OF SHEET 011 Theread to be to the world the state of the state of 1880 Sold of mornital has about The malery of of

STATE OF MARYLAND

1-	FOR STATE REGISTRAR	DEPART		IEALTH AND MENTAL HYG	REG. N	2 2	193
	CEASED NAME FIRST	MIDD(E		LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
	WILLIAM	JAMES		Payne SR.	Quant	27 19	82 6245 M
3 SEX		4. RACE	5. DATE O	OF BIRTH	6. AGE IN PARS LAST BI	RTHDAY) IF U	NDER I YEAR IF UNDER 24 HRS
	Male	BLACK	11	16 11	70	YRS	HS DAYS HOURS MIN.
	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY		DEATH
SN	IOW HILL, MD.	U.S.A.	WIDOWE		WICOMICO		MD
10_CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			120 USUAL OCCUPAT	ION I	26 KIND OF BUSINESS OR
SI	ALISBURY	PENINSULA GEN	ERAL	HOSPITAL	retired		building eng.
4USUA 13a. S	L RESIDENCE (IF NURSING HOME OF TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS?	13e STREET ADDRESS		- unauting origi
MA	RYLAND WICO			YES NOX		Box 311	, JOHNSON ROA
14 FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME /	DOX JII	
N	IORMAN	PAYNE		FIRST //	MIDDLE	un	LAST
	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR	ESS	
	NO (IF TES, GIV	116-01-1	719	MRS. EMMA L.	PAYNE	SAME AS	S ABOVE
		ily one cause per line far (a), (b), an	d (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DE ATH WAS CAUSE	D BY: TE CAUSE (0) Multiple	1 M	uelm			SELVED CHOIL AND DEATH
	2030	DUE TO, OR AS A CONSEQUI	ENICE OF	V			
	Conditions, if ony, which	(b)	LINCE OF			100	
	gave rise to immediate	DUE TO, OR AS A CONSEQUE	ENICE OF				
	underlying couse lost.	(c)	ENCEOF				
	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART I(o
O							
CAT	190 DATE OF OPERATION	OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED		20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
CERTIFICATION					YES NO	YES T	CAUSES OF DEATH?
_	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	AV VEAD	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	ORPART 2)
EDICAL	OR CONTRIBUTING CAUSE OF DEA	1111	19				
0	21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION			

22e ADDRESS 1300 S

sow the deceased alive on above, (1) (we) (did) (did not) view the body after death

NOT WHILE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

WHILE

DEGREE

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

(VRA 15, 4)

and Mental Hya

of Heolth

MPORTANT: If Item 21 is morked or Item 18

BURIAL 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81

230. BURIAL, CREMATION, REMOVAL 23b. DATE

9-1-82

22a I certify that (1) (this hospital) attended the deceased from

231 NAME OF CEMETERY OR CREMATORY

23d. LOCATION

COUNTY

GREEN ACRES MEM. PARK SAL RT. #2, JERSEY ROAD 250 DATE RECID. BY SALTSBURY, MARYLAND SEP 2 JOLEEY MEMORIAL CHAPEL

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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	129 3 4	Mester		Cineties .
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315.00A3	Laik	eneral low	Peninsula C	Fallsburg
	SIL HISTORY	P Lynn	Sel Sel	
				VES LEEN
POP UZ				

Marvel-Short Funeral Home Delmar, Del.

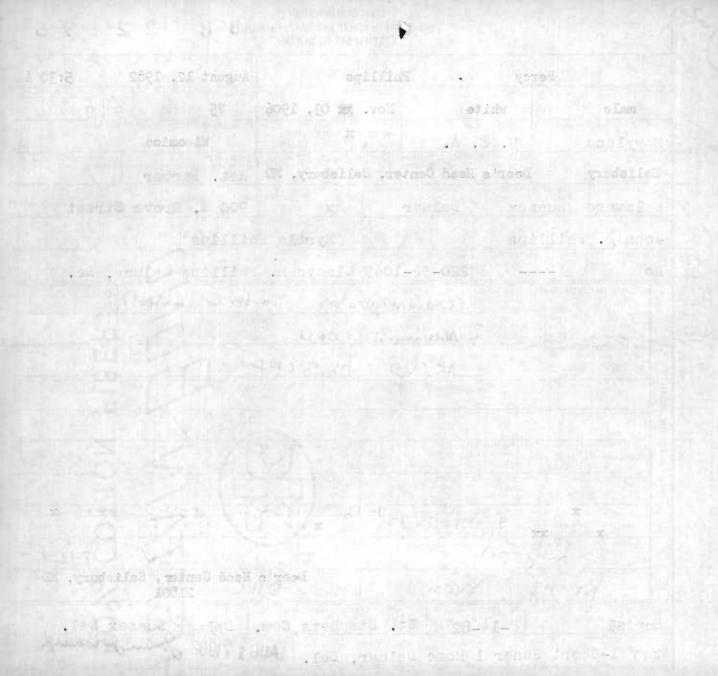
FOR - STATE

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B1

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



FOR

DHMH - 16 50M 1/B1 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Alger Newell Enth 11/11/16 11-12-1895 85 President Comments of the Comm HOTTE VICTORIET SHEET BOTH Maryland Herester Son Fill & 112 Son Dove But But But But A Marie Yes view 218 rap Past Riles R Three Show to W. H.J. Contractor and and what popularing the some the contract of the contract of and the death of the state of the second the second 7.1751 8-28-82 (Mistrian Some Hill, Maybord NOTITION F. DETRIES SHOW THAT PARTY

Papeles 5 Rayle Languit 9 1973 Cells Sallabury Peningula General Hospital Maning Assess Peningula SERVER W STORY DE LE STATION DE SERVER DE LES PROPERTIES

STATE OF MARYLAND

* DEPARTMENT OF HEALTH AND MENTAL HYGIENES

FOR

- STATE

STORE STEW STEWS TO STEEL STEEL STORES Figure 100 bitton 19 MALES A LONG ROLL SOUNT A THE WAS A STREET

HOLLOWAY FUNERAL HOME, Salisbury

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

- STATE

Austrat 3,1982 Loomico Lear a read conter world. The Transfer Superior congression in water the level lorde load donter, sai bury, 16. 2110E

16	14	item 5 #G571 9/ FOR 1- STATE REGISTRAR	MEDICAL EX	STATE OF MARYLA NT OF HEALTH AND A AMINER'S CERTIF	MENTAL HYGIENE	2 2 2 0 0 REG. NO.			
	200811	(FIRE SETTINE)	ARIE	RICHARDS	20. DATE OF DEATH	(NOWN A MONTH DAY YEAR OF TOUR STI-MATED 8-23-82 0255 M			
	SECTION AND ADDRESS OF THE PERSON AND ADDRES	Jemale Whit	MONTH DAY YEAR I	AGE (IN YEARS IF UNDER 1 YE MONTHS DAYS YES.	HOURS MIN PRONOUN DEAD	0-23-02 19 M			
-	S FEET S	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.	WIDOWED	DIVORCED W	ORE CITY OR COUNTY OF DEATH icomico MD			
	PAGE FILED	Salisbury	11. NAME OF HOSPITAL, NURSIN LIF NOT IN SUCH FACILITY, GIVE STREET Peninsula Ge	neral Hospi	ital Bank Em	ATION (TYPE OF WORK 12th KIND OF BUSINESS OR INDUSTRY			
	SECOND STREET	OSUAL RESIDENCE (IF IN NURSING NO 130. STATE 130. SOM	DE OROTHER INSTITUTION, GIVE RESIDENCE BEFO DUNTY ORSET FRINCE	TOWN Anne 13d INSIDE	ECITY LIMITS? 136 STREET ADDRE	S Somerset Ave.			
	ME, MD.	Elmer		ooks	Mattle	Satchëll			
	BALTIMOR IRS AFTER DE S. GIVE PAGES I A DIVISION OF	160, WAS DECEASED EVER IN U.S. (YES, NO, OR UNKNOWN) 1 (IF YES,			RMANT Ldon Richards	ADJUS S. Somerset, Princess Anne, Md.			
	ON ST., B. 24 HOURS ITEM 1B. G LONG WIT PERMIT. P. GIENE, DIV	PART I DEATH WAS CA	DIATE CAUSE (o)	stive Heart	Failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH YOURS			
	201 W. PREST UTED WITHIN IN PENCIL IN EXAMINER A IAL - TRANSIT O MENIAL HY ON, OR REMO	Canditions, if any, w gave rise to immed cause (a) stating the un	iote / (b)	es Mellitu:	S	years			
		lying cause last.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).						
	LL RECORDS, ULID BE EXECT "PENDING" "PENDING" EF MEDICAL SED AS A BUR HEALTH AND	190. DATE OF OPERATION 210. EXTERNAL CAUSE WA							
	LOF VITA CATE SHC HE WORD THE CHI THE CHI MENT TO BUE		HOUR A.M. MONTH DA		RY OCCURRED LENTER NATURE OF INJ	YES NO TO NO WEST NO TO			
	DIVISION HIS CERTIFIC WRITING TI VARDED TO AGE 3 SHOOT ATE DEPART	TO UNDERLYING OR CAUSE OUTRIBUTING CAUSE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (A	19 IT HOME, 21f. LOCATION STREET	CITY OR TOV	VN COUNTY STATE			
	WINER: T TIFICATE, BE FORM ECTOR: P TH THE ST YYLAND, 2		harge of the remains described above, between Accident		Inspection X. Inquiry				
	CAL EXA THE CER SHOULD ERAL DIR SATH, WI	ACTUAL SIGNATURE	le A		(SPECIFY) OPUTY MEDICAL EXAM				
	TO MEDI PAGE 4 TO FUNI BAFTER DI	EXAMINER'S NAME ES (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOV		DADDRESS	5	ve., Salisbury, Md.			
	BP	Burial 24. FUNERAL DIRECTOR	8/25/82 Mand	kin Presby	terian Prince	ss Anne; Somerset, M			
	DHMH - 17 (VR A15 ME (5)) 20M 4/82	Himman Funer	ral Homê, Prince	ess Anne, M	d. AUG 2.1.1981	Jan County			

how I Vernit A second time at the second se aid Jan FOOKE FROS. Boxester 219-03-2057 Weldon Richerton, Frinces Ande, Ed. Surial 1/25/82 Memorin Breaksterien Princens AnneySomerset,

*	7	1	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	2201
noy be	(M)		CEASED TOME FIRST	RICHARDSON August 23 4. RACE , S. DATE OF BIRTH 6. AGE AS YEARS LAST BIRTHDAY) IF	1983 12 42 M UNDER 1 YEAR OF UNDER 24 MRS
09e 4	urs a		Male	White 20112 01/9/8 64 YRS.	NIHS DAYS HOURS MIN.
eath. Pe	neral di		RTHPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WICOMICO WICOMICO	
201 rs after d	by the ful	S	ALISBURY	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GME STREET ADDRESS) PENINSULA GENERAL HOSPITAL (TYPE WORK FOR MOSE OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
LAND 21;	should be	13a.	M) Docal	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13 INSIDE CITY LIMITS? 130. STREET ADDRESS 130. STREET ADDRE	
E, MARYI	Off Og 2 s		ATHER'S NAME PIRST VAS DECEASED EVER IN U.S. ARM	DOLE BLAST SEN 15. MOTHER'S MAIDEN NAME MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS,	avgan
TIMOR be exec	S. Poges	100.		ADDRESS 16 6-07-3275 ISSA61/2 Richardson	Mishna
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours oftending physician.	d by the attending physici ease remove corbonpaper al, crematian, or removal. or other troumotic event, th		PART I. DEATH WAS CAUSED Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RDS, 2	Then pl	NO	PART 2 OTHER SIGNIFICANT CO	Onditions <u>Contributing to Death</u> but not related to the Terminal Disease or Condition Given	IN PART I(o)
AL RECO	e hos beer sit permit. giene prior haws ony ii	CERTIFICATION	190 DATE OF OPERATION	Colestin for large perutarchine YES NOW IN CERTIFYIN	VERE FINDINGS USED NG CAUSES OF DEATH?
SION OF VIT PHYSICIAN: ending physic	burial-transi Mental Hygi	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED	P.M. 19 21e PLACE OF INJURY 211 LOCATION	
DIVISI	After the easthelalth and morked o	W	WHILE NOT WHILE AT WORK	LAT HOME STREET FACTORY, OFFICE, FARM ETC.) STREET CITY OR TOWN	COUNTY STATE
ATTEND spital o	CTOR: . I for use of Hea		22a I certify that (1) (this hospite sow the deceased alive on _ above, (1) (we) (did) (did nat	23 Cy and that in (my) (our) apinion death accurred on the date and hour or	that (1) (we) last
TAL OR A	RAL DIRE detached fote Dept		22b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF	221/DATE SIGNED
TO HOSP, etained k	shauld be o	22- 6	And w J.	Forgash M.D. 220. ADDRESS/136WY, Md.	

DHMH - 16 50M 1/B1 (VRA 15, 4)

NAME OF CEMETERY OF CREMATORY

230 BURIAL CREMATION, REMOVAL

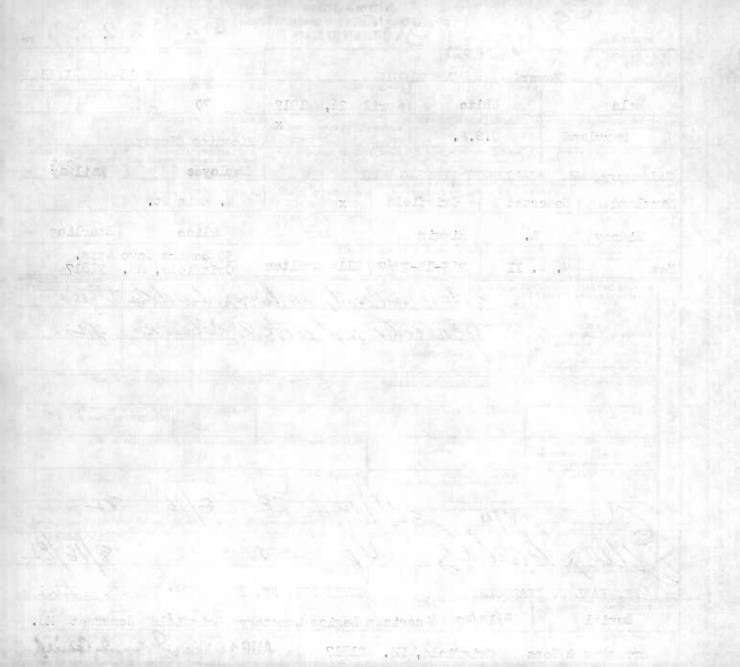
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	ron.		STATE OF MARYLAND	(3 (1)	0 0 0 0 0
1.		DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	A (10	2 2 6 0 6
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(Balis burn	IA/		Ctationary	working life INDUSTRY
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14. F/	THER'S NAME		15. MOTHER'S MAIDEN NA	ME	0 0 0 0 0
D.		Richardson	n Jënny	MIDDLE	Grinder
	AS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL SECU		ADDRES	· · · · · · · · · · · · · · · · · · ·
Ý	es WW I	185-32	-5758 Mrs. Lott	ie F. Rich	ardson (wite)
	18 CAUSE OF DEATH (Enter only	ane cause per line for a1, (b1, an	d ici.i	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	PART I. DEATH WAS CAUSED	BY.	cenona	Lung	
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	Conditions, if any, which	(1b) / Call	IK any	italy be	11
	gave rise to immediate cause (a), stating the	DUE TO OKASA CONSEQU	INCE OF A	1111	A YEAR STOLLAR TO
	underlying cause last.	(c) SIA	My Mr	Min	
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N S	1% DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20s AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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_		The second secon	AY YEAR	RED JENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2
S	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
MED		(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR TOW	N COUNTY STATE
	AT WORK — AT WORK —			0_	/ 5/2-
		al) attended the deceased fram_	, 17 21 2	death accurred on the do	6 19 82, that (I) (we)
	object (i) (we) (did) (did not)	new the bady after death.	DEGREE	death occurred on the do	
	U MINU	the hours	ATTENDING	_ MEDICAL STAF	
	- 10	01 10		DIRECTOR A PHYSIC	AN WOOD
	224 PHYSICIAN'S NAME (THE CO.	PRINTI	22. ADDRESS		
	22 d. PHYSICIAN'S NAME (TYPE OR	PRINT)	1 PADDRESS 7	278 8,1	shury N.12
22-	Q.C. Mite	chell, M.	1 POB2	378 Sall	sbury, Md2
1.1	Q. C. M. +C. URIAL, CREMATION, REMOVAL PECIFYI	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	378 Sall	Sbury, Hd2
É	Q.C. MITCO	chell, M.	NAME OF CEMETERY OR CREMATORY D. Meth. Church	238 Saule 234 LOCATION CITY OR TOWN COM R D TE REC'TO BY REGISTRAR	Sbury, Md ²
	1. DEC (TYPE 3. SEX M. 7e BIF CC W. 10 CT 10 CT 13e S M. 14 FA	TYPE OR PRINT) 3. SEX Male 70. BIRTHPLACE STATE OR FOREIGN COUNTRY) Washington, D 10. CITY OR TOWN OF DEATH SALES DURY USUAL RESIDENCE (IF NURSING HOME OR CITY OR TOWN OF DEATH USUAL RESIDENCE (IF NURSING HOME OR CITY OR TOWN OF DEATH WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) 18. CAUSE OF DEATH LENTER OR OR WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) 18. CAUSE OF DEATH LENTER OR Conditions, if any, which gave rise to immediate cause 10, stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO 190. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	The contributing of the contributing to the contributing to the contributing cause last. The contributing cause of peath contributing cause of peath countributing cause of peath cause in cause per countributing cause of peath cause in cause of peath cause in cause in cause of peath cause in cause in cause of peath cause in cause of peath cause in cause in cause in cause of peath cause in cause of peath cause in cause in cause of peath cause in cause of peath cause in cause of peath cause in cause in cause of peath cause in cause in cause of peath cau	T. DECEASED NAME (THE OR PRINT) 3. SEX MALE MITTER OR PRINT) 3. SEX MALE MITTER OR PRINT) 3. SEX MALE MITTER OR PRINT) MALE MITTER OR PRINT) MARRIED MAR	TO STATE REGISTRAR THE REGISTRAR T

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STATE OF MARYLAND

FOR



		1	FOR - STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 3 2	22204
may be	M)		CEASED NAME FIRST ELEANOR	1. RACE	Robinson 15 DATE OF BIRTH		10,1982 1825 M
n. Page 4. of director	2 hours of		IRTHPLACE (STATE OR FOREIGN)	NEGRO LO CITIZEN OF WHAT COUNTR	MB ¹¹ 27 37 Y? 8 MARRIED NEVER MARRIED □	9 BALTIMORE CITY OR	YRS DAYS HOURS MIN.
after death	d within 7.	1	Marie Company of the	(IF NOT IN SUCH FACILITY, GIVE STR	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	Wicomice 12a USUAL OCCUPATIO (TYPE OF WORK, FOR MOST OF	126 KIND OF BUSINESS OR WORKING LIFE! INDUSTRY
24 hours of filled in by	must be no	13a	ALISBURY ALRESIDENCE (IF NURSING HOME OR OF STATE 136 COUN ARYLAND WICE	Peninsula Ge OTHER INSTITUTION GIVE RESIDENCE BER TY OMICO 136. CITY OR TO SALISE	DWN 113d INSIDE CITY LIMITS?	13e. STREET ADDRESS	cohontas Avenue
ted within	Sommer 25) 14 F	ATHER'S NAME EDWARD	Whit	e lola		Jones
be execu	rs. Pages		NO	war OR DATES) 216-40		nson addres	above as
vires that the death certificationsigned by the attending physic	hen plesse remove corbanoop to burial, cremation, or removol ijury, ar other troumatic event, t	CERTIFICATION	The state of the s	DUE TO, OR AS A CONSECTION OF THE PORT OF	puence of livra (Hajai DUENCE OF CIVILOSIS O DEATH BUT NOT RELATED TO THE TERA	AINAL DISEASE OR CONDI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 days rome 3 weeks years— ITION GIVEN IN PART 110 JUNE 1 COSMIT dis
The low rection.	ene prior		190 DAT OF OPERATION 7/25/82	Tracheost	omy	200 AUTOPSY?	20b. IF YES, WERE FINDING 3 USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
attending physical	s the buriol-tronsif h ond Mental Hygirked or Item 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIWHILE ☐ AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 21f. LOCATION	RED (ENTER NATURE OF INJURY	
HOSPITAL OR ATTENDINGED by the haspital or FUNERAL DIRECTOR: Af	should be detached far use o with the Stote Dept, af Health MPORTANT: If Hem 21 is mo		27a certify that (1) (this hospits saw the deceased alive on above (1) (we) (did that not 17b SIGNATURE) 27d PHYSICIAN'S NAME (1) P.	yiew the body after death.		to 8 / C death occurred on the date MEDICAL STAFF DIRECTOR PHYSICIA	e and hour and from the causes stated 22c. DATE SIGNED
TO HOS	should b		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	18-14-82 G	NAME OF CEMETERY OR CREMATORY PRECIO ACRES MEM. PK		WICOMICO MO.
DHMH - 16 5 (VRA 15			UNERAL DIRECTOR	Chanal Rt. 2	Jersey Rd. 250 DA	JG 1 8 1982	REGISTRAR'S SIGNATURE

	August 16,1982 11825	1, 311	108 J.		
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

FOR

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EVALE CONC. 10 13 1913 Salishnry Peninsula Cambral Hospital September 1 Septem DA THE PARTS ASSESSED BUTTON CHEESE SECRETARIES THE COURSE WE SHE SHAPE IN SECTION OF SECTIO

FUNERAL should be with the

Shaver ADDRESS Laurel Del 19956 Kathleen M. Schollenberber 216 6th St PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 27% SIGNATU DEGREE THE DATE MONED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 174 PHYSICIANNE NAME (1991 CH 77e ADDRESS 230 BURIAL CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 73b DATE 23d. LOCATION Odd Fellows Cemeter burial Laurel ussex 24 FUNERAL DIRECTOR Homer L. Disharoon box 678 Laurel De

26 HOUR

12b. KIND OF BUSINESS OR High School

DHMH - 16 50M 1/81 (VRA 15, 4)

		FOR STATE REGISTRAR				RTMENT OF I	TE OF MARYLAND HEALTH AND MENT. FICATE OF DEAT		en8 2	2 2	2 2	0 8
		CEASED NAME E OR PRINT)	FIRST	100	WIDDLE		LAST		2a DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
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۹)	3, 5E	×		4 RACE		S. DATE	SF BIRTH		AGE ON YEARS LAST BIR	THDAY)	FUNDER LYEAR	
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2	1	Maryland		US	SA	WIDOW			WTCOMICO			MD
20.	10. C	ITY OR TOWN OF DE		11. NAME OF	HOSPITAL, NUR	SING HOME	OR OTHER INSTITUTIO	NC	12a. USUAL OCCUPAT		126. KIND (OF BUSINESS OR
7)	Si	ALISBURY		PENINS	SULA GE	NERAL	HOSPITA	L	retired	- Hea	4	
20	USU	AL RESIDENCE (IF NUR	SING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEF	FORE ADMISSION)				- nea	1 611 1	Dept.
3		rvland	WO NO	ester	Pocomo		YES TO NO		13e. STREET ADDRESS		Chass	_
in.		ATHER'S NAME	IMOLC	epret	FOCOME	ve	15. MOTHER'S MAID		816 Se	cona	2 rt.ee	3.0
9/	-	William	۸	AIDDLE	Cabaaa	בר. גם	FIRST		MIDDLE		Da LA	
24	160 V	WILLIIII	RINUS ARA	H.	School 166 SOCIAL SE		Amy 17. INFORMANT		O P ADDE	55.	BTS	aine
2		YES, NO OR UNKNOWN)		WAR OR DATES)				m	276°F			204
-	-	no			218-20	1-7384	Alice G	TE	err Elkto	n, Ma		
		PART I. DEATH V	TH (Enter onl WAS CAUSED	y one cause per	line far (a) (b),	and ich	20 15	111-	1		BETWEEN	XIMATE INTERVAL
			IMMEDIATI		lar	aro	A W	10	wrey			
	NO	Canditians, if any gove rise to im couse (a), stoti underlying coust	mediote ng the e lost.	((c)_	r as a conseg		NOT RELATED TO TH	HE TERMIN	hal disease or con	DITION GIVE	N IN PART 1	10
9	CERTIFICATION	190 DATE OF OPERA	TION	19b COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, IN CERTIFY YES		INGS USED S OF DEATH?
9	MEDICAL CER	21a, ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED 21d, INJURY OCCUR	CAUSE OF DEAT		m. month m.	DAY YEAR 19	21c HOW INJURY O	OCCURRE	D (ENTER NATURE OF INJU	1		
	ME	NOT W	HULE	(AT HOME, ST	REET, FACTORY, OFFIC	E FARM ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
		22a. I certify that (I) sow the decease above, (I) (22b. SIGNATURE	ed alive on_	817	19	92,01	DEGREE ATTEND	DING	medical state	F	and fram the	that (I) (we) last ecauses stated
1		22d. PHYSICIAN'S N	AME TYPE OR	PRINT)	00101	1811	22e ADDRESS	IAN L	DIRECTOR PHYSIC	IAN []	17/10	1102
1		W BEN	HORN	ER MD			POWER ST	7 5	ALISBURY	mo a	1001	TE DAY
F		BURIAL, CREMATION,	, REMOVAL	23b. DATE	23	c. NAME OF C	EMETERY OR CREMA		23d LOCATION			
141		Burial		8/29/	82 S	alem	Meth. Cer	m.	Pocomok	e Wor	CASTA	n Ma
5-11		UNERAL DIRECTOR							REC'D. BY REGISTRAR	200 REGISTRA	AR'S SIGNAT	TURE

DHMH - 16 50M 1/81 (VRA 15, 4)

Scott S. Melson Pocom

Pocomoke City, Md.

EP 1 198

1982 John & Comil

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110	WALT	PD OT	V	RIGHT	2	SE	NEY				MATE	D A	ug 21 ₁₉ 82	2b HOUR
3. SEX		4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE	ARS IF UN	DER 1 YR.	IF UNDER	24 HRS.	2c. DATE	E CED	MONTH	H DAY YE	AR LIM HOLLR
Me	le	White	Jun 17,		-0	RS. MONTH	S DAYS	HOURS	WIN	PRONOU	NCED	Aug	. 21 1,82	1230
70 B	RTHPLACE (S		76. CITIZEN OF W	HAT COUN		I a	- X1 NE	VER MARR	150	9. BALTIA	AORE CI	TY OR COU	INTY OF DEATH	
	REIGN COUNTRY)	1	U.S.	۸		WIDOW		DIVORO		Tal	licon	nico		140
10. C	arylan	OF DEATH	11. NAME OF HOS		RSING HOM							(TYPE OF WOR	IK 12b. KIND OF	
1			(IF NOT IN SUCH FA	CILITY, GIVE S	TREET ADDRESS)		t 102		FORA	MOST OF WO	RKING LIFE)	Restau	
	lisbur		510 OR OTHER INSTITUTION, GI		Cour		6 102		Sale	esman	ret	ired)	Equipm	lent
13a. S	TATE	13b. COUN		13c. CITY	OR TOWN		13d. INSIDE (CITY LIMITS?	13e. STRI 510	EET ADDR	ess ry (Court	Apt 10)2
14. F	ATHER'S NAME		WIDDLE		LAST		15. MOTH	ER'S MAID	EN NAME	,	MIDDLE		LAST	
5	Samuel	W.	Ser					Franc	es	H-S		Kim	ble	
16a. V	WAS DECEASED	EVER IN U.S. AR		16b. SOC	IAL SECURI	Y NO.	17. INFOR	MANT	Wife		ADD	RESS		
10	No.	(IF TES, GIVE	WAR OR DATES)	213-	-16-70	05	Mary	R. S		Sa	me a	as 13e		
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100	PARTIDE	ATH WAS CAUSE	TE CAUSE (a) Co	ronal	ry Occ	lusio	n							nutes
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		ns, if ony, which		ASCV									Yes	ars
		se to immediate stating the under-	(0)		ISEQUENCE	OF								
	lying cou		00210,00	AJ A COI	SEGOLIACE	OI .							215.5	
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CA	CONTRIBUTI	NG CAUSE OF			19	01/ (0	ČATIO);				-			
MEDICAL	21d. INJURY C	OCCURRED O	21e. PLACE STREET, FAC	TORY, FARM, E			CATION			CITY OR TO	NWC		COUNTY	STATE
	AT WORK	NOT WHILE C										0.00		
17			ge whe remains de	scribed obc	ove, held on	Autop	sy 🔲,	Inspectio	on E.	Inquiry	30.	and in my	opinion	
	death result		ral causes x,	Actident		uicide 🗌	. Hom	icide .	Undet	ermined m	nonner			
323			0	12				SPECIFY)						
	ACTUAL SIGNATURE	Man	1 4 /	1	0			uty	MED	ICAL EXA	MINIED	DA	TE 8/21	/82
5	SIGNATURE	100 CO 100				///	n. Del	outy		MCAL EXA	MINER	310	INCO - NO CONTRACTOR	
4	EXAMINER'S (TYPE OR PRI	NAME Ear.	L L. Roye:	r MD			ADDRESS_	409 (e. Sa	alisbu	ry, Md.	
(S:'ECIFY)	TION, REMOVAL			NAME OF CE				CITY	ORTOWN	3 7		OUNTY	STATE
	Cremati UNERAL DIREC		on Bros		edar H		remat	1250. DATE	REC'D. BY	Y REGISTR	AR 25b	HGISTRAR	Georges	, Md
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The offers (both both burns I see) A. S. . C. mai south, haddle garann Lillenton S. S. Sirege A. William . Marie as a confident as the later and the second

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR STATE REGISTRAR

1. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5. DATE OF BIRTH

2

IF UNDER I YEAR

IF UNDER 24 HRS

REG. NO. August 26, 1982 26. HOUR 11:10am

6. AGE (IN YEARS LAST BIRTHDAY)

iemale	white	July 4, 1898 ""	84 YRS	MORNING DATS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN CONTROL Md.	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN Wicomico	TY OF DEATH MD
	11. NAME OF HOSPITAL, NURSIN PART MELECULATION OF THE	roness alisbury, MD	17a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife	12b. KIND OF BUSINESS OR INDUSTRY
SUAL RESIDENCE (IF NURSING COUNTY STATE Md.	ROCK Hall	ADMISSION) 13d. INSIDE CITY LIMITS? YES NO	Main St.	
FATHER'S NAME Frank Har	rtman LAST	15. MOTHER'S MAIDEN NA.	aret Bäker	LAST
60 WAS DECEASED EVER IN U.S. AR		RITY NO. 17. INFORMANT 3405 Wm. Sermo:		Rock Hall Md.
18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE		ile deputi	Lin	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF		
PART 2. OTHER SIGNIFICANT OF THE PART 2. OTHER 2. O	196 CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	GIVEN IN PART TO
		216. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DE. (IF EITHER OTHER MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive on above (4) (we) (did) (did a	Aug • 26 19 Neview the body after death.	82, and that in (Ty) (our) opinion of	death accurred an the date and h	, 19, that (l) (we) lost aur and fram the causes stated
22b. SIGNATURE	Retelier		MEDICAL STAFF DIRECTOR PHYSICIAN	8 H82
E.P. Ritching	gs, M.D.		enter, Salisbury	y, MD 21801
230. BURIAL, CREMATION, REMOVAL BURIAL		NAME OF CEMETERY OR CREMATORY VESLEY Chapel Ce		
FUNERAL DIRECTOR	(A) OO Chest	ertown, Md. Aug	E REC'D. BY REGISTRAR 25 REG	STRAR'S SIGNATURE

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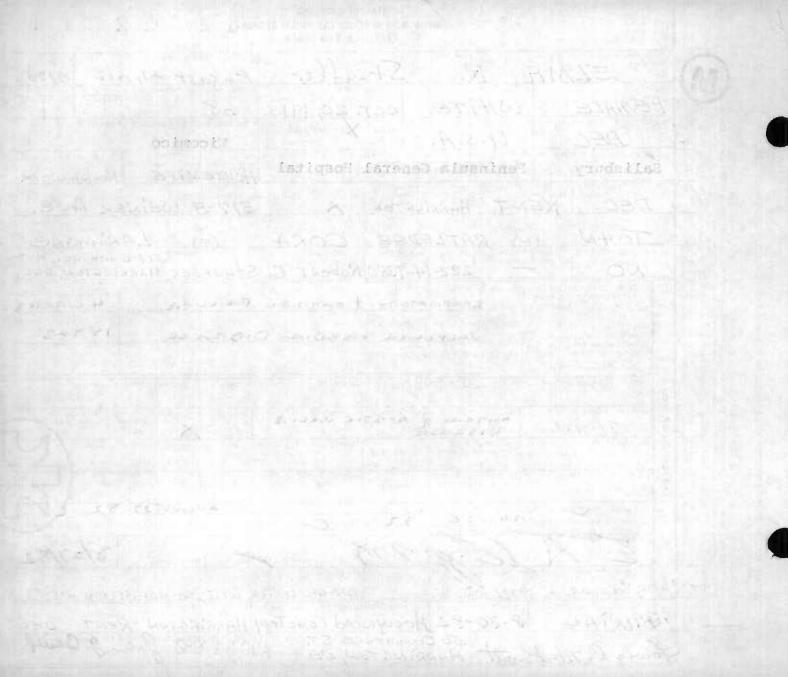
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BALTIMORE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND

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	DAY YEAR 2b. HOUR
	6, 1982 1530
3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male Black OI B 28 54 YRS	MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED - NEVER MARRIED - 9 BALTIMORE CITY OR COUNT	TY OF DEATH
NorFolk Virginia WIDOWED DIVORCED WICOMICO	MD.
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	126 KIND OF BUSINESS OR
Salisbury Peninsula General Hospital	
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14 FATHER'S NAME FIRST MODIE 15. MOTHER'S MAIDEN NAME FIRST MODIE 16. MOTHER'S MAIDEN NAME	1467 14
	Summerville
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	sere
Yes W.WIL 224-30-9590 LYNN HARRIS 1432 U	UATTO AVE md
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	1 decs
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Conditions, if ony, which	3403
gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF	. ^
underlying couse lost.	5 days
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DI	HIA		REG. NO.		01-139-1
		CEASED NAME	FIRST		MIDDLE	ı	A51		2a. DATE OF		DAY YEAR	2b HOUR
•	(Tree	Viola	E.	Tay	lor	T	AYLO	R		AUGUST	17,1982	1420,
1	3 SE	X		4 RACE		5. DATE C			6 AGE (INY	EARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS.
1		Female		Negro		10	18	28	53	YRS	MONTHS DAYS	HOURS MIN.
6		IRTHPLACE (STATE OF COUNTRY)	r Foreign	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER M.	ARRIED ORCED	9 BALTIMO	RECITY OR COUN	ITY OF DEATH	M
0	10. C	ALISBURY		PENINS	OSPITAL, NURSIN	ERAL	HOSPI'		(TYPE OF WORK	OCCUPATION FOR MOST OF WORKING SEWIFE		F BUSINESS OF
6	13a :	AL RESIDENCE (IF NUI STATE el	TUL COUR	SSEX	GIVE RESIDENCE BEFORE 134. CITY OR TOWN MILLSbo	N	13d INSIDE CIT	Y LIMITS?	Rt 5,	Box 14	4	
15 .	H. FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S	MAIDENNA	ME			
C		William		MIDULE	Taylor		En	ily		WIDDIE	Hud	son
2		WAS DECEASED EVEL			166 SOCIAL SECU	RITY NO.	17 INFORMAN			ADDRESS		
5	3	No	(IF YES, GIV	E WAR OR DATES)	221-36-	7081	Mr.	Edwar	d H.	Taylor		
		PART I. DEATH N Conditions, if ony gove rise to im couse (a), stati underlying caus	MAS CAUSE IMMEDIA y, which immediate ing the	D BY: TE CAUSE (a) DUE TO, OI	Car R AS A CONSEQUE	diac NCE OF Derk	alami e ano	ras o	B38 /	Yodie.		ONSÉT AND DÉATH
7	CERTIFICATION	19a. DATE OF OPERA	ATION	Renal 196. CONDI	Tachur Tion for which		Secondo	24	ZOO AUTO	Mare in PSY? 20b. IF Y	EIVEN IN PART TO CES, WERE FINDIN TIFYING CAUSES YES	Seface his
1	EDICAL CE	21g, ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED 21d, INJURY OCCUR	CAUSE OF DEA	21e PLACE (M. MONTH DA M. DEINJURY	19	211 LOCATION		RED (ENTERNAT	ure of injury in item, i		
	×	WHITE NOT WAT WORK 22a. I certify that (I	ORK (this hospi		e deceased from	ARM, ETC.)	STREET	10 8 3	- 4-	CITY OR TOWN	COUNTY	STATE
		sow the decear above, (1) (we)	sed olive on	0/11				our) opinion o	death occurred	d an the date and h	our and from the o	
		22b. SIGNATURE	8	N	11/1		DEGREE AT	TENDING _	MEDICAL	STAFF	221 DATE	SIGNED

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detached with the State Dept. MPORTANT:

24 FUNERAL DIRECTOR Robert W.C. Miller

23a BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

236 DATE

8-21-82

R.D. Box Millsboro,

22e. ADDRESS

23d LOCATION
CITY OR TOWN
Millsboro, 23c NAME OF CEMETERY OR CREMATORY Cemetery 19966 **AUG** 2 3 1982

COUNTY Sussex

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	HOSE TONE SON	DANSON AT ISSUES.	
		TATAMEN ATTRICTORY	VITHERT.75D
	Makemak .u.i.	221-32-221	P P P

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH 26 HOUR TYPE OR PRINTS Paul TOWSON August 9, 1982 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Feb. 23, 1917 White Male TO BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED Maryland U.S. Wicomico DIVORCED WIDOWED O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR Mechanical Deer's Head Center, Salisbury, Md Salisbury Engineer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 130 COUNTY 131. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Somerset Crisfield YES [Rt. 2. 2 St. Peter's Rd. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE William Caroline Towson Hutton 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Marjorie Towson, Crisfield, Yes no or unknown) War II APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stating the underlying WINCOC PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) IFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [NO [21n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE I 22a. | certify that (1) (this haspital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death. 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 8/9/82 22d PHYSICIAN'S NAME INTER OF PRINT 22e ADDRESS M. Shrestha, M.D. Deer's Head Center, Salisbury, Md. 21801 230 BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION STATE 11/82 Cremation Delmarva Crematory Lewes, Delaware Princess Anne, Md. AUG 1

DHMH - 16 50M 1/B1 (VRA 15, 4)

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enawe.	ry Lewes, Del	rvs Cremator	82 [6].	\1.1\	Crenstion
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+	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2 2 2 0
L DUST		CEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26 HOUR
y be		Helen	W.	TRADER	AUGUST 1	2,1982 1100 M
moy men de	3. SE	× . 1	RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
de 4	100	temale	Black	11 18 1927	54 YRS.	
Geoth. Po		COUNTRY Philadelphia	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED NEVER MARRIED NOVEL NO	BALTIMORE CITY OF COUNTY WICOMICO	MD.
Softer Softer	S	_	eninsula Gen		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR INDUSTRY
y filled in house of the control of	13a. S	AL RESIDENCE (IF NURSING HOME OR OTI STATE 136 COUNTY Maryland Wico		YES NO D	13e STREET ADDRESS	
with vith and 2 s	14 FA	THER'S NAME FIRST MID	DLE LAST	15. MOTHER'S MAIDEN NA	WIDDLE	LAST
orted management	17	VAS DECEASED EVER IN U.S. ARME	Trader	Flizabe	ADDRESS	Trader
n and co		VAS DECEASED EVER IN U.S. ARME (ES, NO, OR UNKNOWN) {IF YES, GIVE W	AR OR DATES)		ADDRESS	
ian or is. Pe			169-22-6			APPROVIMATE INTERVAL
hysic pope aval.		18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B	one couse per line for (a), (b), and (Y)	ly Mitartertre	Lana Comme	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ng p bon rem		11 - IMMEDIATE C	CAUSE (o) WACL	My MINIONION ME	vivia corrain	
e cor		1621	DUE TO, OR AS A CONSEQUE	NCE OF		
e att		Conditions, if any, which gove rise to immediate	(b)			
by the series of their	70	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
ned pleo pleo urial	183	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART I/o
n sig Then to b	NO O					
beer mit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED
he lo	E		47.4			S NO
hysicinate ronsis		210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 F	PART I OR PART 2)
SICIA gg pl gertif riol-t entol	SAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
physending this of Model	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FA	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
offer os the orke	-	AT WORK NOT WHILE AT WORK				
NDI SP. A USe Heolis		22a.1 certify that (I) (this haspinal	ottended the deceased from			19, that (I) (we) last
ATTE ospite CCTO d for 1. of 1. af		sow the deceased alive on obove, (1) the (did not) v	iew the body ofter death		death accurred on the date and hou	
by the hotel by the hotel by the hotel be detached. State Depresent ANT: If there		226 SIGNATURES	MO	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/20/W
O HOSPIT etoined by TO FUNER should be with the St MPORTAN		THY SITIAN'S NAME TYPE OR PE	GPA SSO	220. ADDRESS 1200 S.	DIVISION ST	SALISAMA
F 8 × ₹	23a 8	BURIAL, CREMATION TO L	23b. DATE 23c N	AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	24 5	Buch	8-19-02 4	un Acres Men Par	R Salisberry M	Viet md.

DHMH - 16 50M 1/81 (VRA 15, 4)

opimpili Solishury - Peninsula Cameral Cap. Manual Control of the Control of the

1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENEÖ Z	2 2 2 2 1
	PECEASED NAME, FRST	FG Lee Twig	LAST DATE OF BIRTH	August	MONTH DAY YEAR 25 HOUR 23 1982 4 PM THOAY) IF UNDER 1 YEAR IF UNDER 24 HE
	Female	white	MONTH 9-2-1898	83	YRS.
701	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF DEATH
0 0	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATI (TYP) OF WORK FOR MOST O	ON 12b. KIND OF BUSINESS (
5 US	UAL RESIDENCE IN NURSING HOME OF INSTATE 136 COUP	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) //N //N //N //N //N //N //N //N //N /	13e. STREET ADDRESS	Ker St.
3/ 14.1	Emmanuel	MIDDLE Tharring	15. MOTHER'S MAIDEN NA	eton MIDDLE	Williams
160		MED FORCES? 166 SOCIAL SEC (E WAR OR DATES)	9030 Virginia	Ford De	lmar Marulanu
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	olly one couse per line (1914) (b) and D BY. TE CAUSE (o)	rating arest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINS
	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS ACONSEQU	ence of Thrombo	sin	DAYS
	couse (o), stating the underlying couse lost.	DUE TO, OR AS A ONSEOU	O.V.		YKS
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
4			AY YEAR 19	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	211 LOCATION	CITY OR TO	WN COUNTY STATE
		tol) attended the deceosed from	876, ond that in (%) (our) opinion	, 10	, 19 32, that (i) (we) li
	22b. SIGNATURE	1d Ms. Carro	DEGREE ATTENDING	MEDICAL STAI	
	COMA	uce IVI DUPPE	PHYSICIAN	DIRECTOR PHYSIC	IAN MADE

23c. NAME OF CEMETERY OR

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

23b. DATE

230 BURIAL, CREMATION, REMOVAL

23d. LOCATION CHY OR TOWN Show 14

MOTTE -- Lee Treing SELET MUGUST 23, 1982 P/M Female White 9-2-1848 83 North Carolina USA Salisbury . . Henimumin Femeral Longital Plans wife Day Fees Mary and selectional Solistary - 60% Bother St. Emperated Transfer Styleton Williams NO - 135 32900 Vinginis Food Deliver Handison to the state of th 0.2250 THE RESERVE AND ADDRESS OF THE PROPERTY OF THE PROPERTY OF THE PARTY O B11131 \$5-22-82 MADINE Sugar Still Alango sall Norman F. Demois Same Hill Mill Mark

FOR STATE REGISTRAR			DEPARTI	MENT OF I	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	9	2 2	2 2	2
I. DECEASED NAME	FIRST		WIDDLE		LAST	REG.		AY YEAR	2b HC
THE OR PRINTS	m1 1		V.				0 0		
3. SEX	Thelm	4 RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST E	IRTHDAY)	FUNDER TYEAR	IF UNE
Female		Whi	te	Nov		85	YRS.	DNIHS DATS	HOURS
BIRTHPLACE (STA	TE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY		OF DEATH	
Marylan	a	II.S	.A.	WIDOWI	ED NEVER MARRIED				
10. CITY OR TOWN O		11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	Wicomico	TION	12b. KIND (OF BUSH
	- 7		CH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST		INDUSTRY	
Salisbury	NUPSING HOW OR	Salisb	ıry Nursi	ng Ho	me	Seamstres	SS	Clot	hing
Maryland	Some	1 4	Crisfi	eld	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Sackerto		(Laws	onia
14. FATHER'S NAME		AIDDLE		- 5 111	15. MOTHER'S MAIDEN N.				0.15
Willi	am Hu	tchins	Byrd,		Miriah	Elizal		Owe	ns
YES NO OR UNKNOW		WAR OR DATES)	216-09-		Ruth L. Merr	508 I	Buena Vi Sbury 1	Lsta A	vent
1 2 1	MMEDIAII	E CAUSE (o)	uner	West	1 VIIVINA	0011		0	cou
Conditions, if	ony, which	DUE TO, OI	RASALUM GENERAL	Wel	zel ach	arlu	rio	4	Me
Conditions, if gove rise to couse (a), underlying (conditions)	ony, which immediate stating the	DUE TO, O	R AS A CONSEQUE	Wall	zed ack	Atlu	ris	4	No
gove rise to couse (o), underlying o	ony, which immediate stating the ause lost	DUE TO, OI DUE TO, OI	PAS A CONSEQUE	ENCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR COL	NDITION GIVE	V IN PART 10	Ne
gove rise to couse (o), underlying of PART 2 OTHER	ony, which immediate stating the ause lost	DUE TO, OI b) DUE TO, OI (c) ONDITIONS CC	PAS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDI	NGS US
gove rise to couse (o), underlying o	ony, which immediate stating the ause lost	DUE TO, OI b) DUE TO, OI (c) ONDITIONS CC	PAS A CONSEQUE	ENCE OF	ON WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY! YES	WERE FINDI	NGS US
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DHMH - 16 50M 1/81 (VRA 15, 4)

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Bradshaw & Sons

Crisfield, Md.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH REG. NO

- STATE REGISTRAR 1. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 26 HOUR 6. AGE (IN YEARS LA BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH Wicomico 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Home Cathell Road Jarman Berlin, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 19 82. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED

Evergreen

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATED

Berlin Worcester Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

Burial

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DHMH - 16 50M 1/81 (VRA 15, 4)

١	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF	TE OF MARY HEALTH ANI FICATE OF	MENTAL HY	GIEN8	REG. N	2	2 2	2	5
		ECEASED NAME	FIRST	10 - 02	MIDDLE	200	LAST		20 DATE O		MONTH	DAY YEA	R 2b	HOUR
v		-	eorge			WE	LCH			Aug.	31.	1982	7	:28 Am
10	3. SE	X	4 1	RACE		5. DATE	OF BIRTH		6. AGE IN	YEARS LAST BE	RTHDAY)	IF UNDER 1 Y	EAR IF	UNDER 24 HRS
y		Male		White	е	Oct.		1894	8	7	YRS		IYS HC	DURS MIN.
-	Jo B	IRTHPLACE (STATE OR FO	OREIGN 7b	CITIZEN OF	WHAT COUNTRY?	8 AA A PRIS	n (KNEVE	MARRIED -	9 BALTIMO	ORE CITY	OR COUN	TY OF DEATH	1	Harrist Harris
5		Charles Co	D., Mc	1.	JSA	WIDOW		DIVORCED [Wico	mico				MD.
11	Sa	alisbury		Deer's	HOSPITAL, NURSING HEACILITY, GIVE STREET Head Cet	nter	OR OTHER IN	STITUTION	120 USUAL (TYPE OF WOR Reti	RK FOR MOST	OF WORKING	GLIFE) INDUST		ing
1	130	1	136 COUNTY		13c. CITY OR TOW	N	13d INSIDE	CITY LIMITS?	13e. STREET	ADDRESS	Зох	396		
0		Maryland	Wicor	nico	Salisbu	ıry	YES 🗌	NO 🗌		8, M	orri	s Leo	nar	d Rd.
71	14, 27	FIRST	MIDI		LAST			R'S MAIDEN NA FIRST	AME	MIDDLE			LAST	
6 60		Walter WAS DECEASED EVER I		۲.	Welch		Id					Hi	ggs	
1	(YES, NO OR UNKNOWN)	(IF YES, GIVE W		166 SOCIAL SECU	RITY NO.	17. INFORA			ADDR				
	N	10					Mrs.	Alene	Welc.	h (W	ife)	same		#13
	NOI	Conditions, if ony, gove rise to imm couse (o), stoting underlying couse	ediote g the lost	(b) DUE TO, Of	R AS A CONSEQUE R AS A CONSEQUE DNTRIBUTING TO D	NCE OF	NOT RELATE	D TO THE TERM	AINAL DISEAS	E OR CON	DITION	GIVEN IN PART	1(0)	
2	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTO	NOIT	IN CER	YES, WERE FIN TIFYING CAUS YES	SES OF	USED DEATH?
7		210. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	AUSE OF DEATH	21b. TIME O HOUR A./ P./	M. MONTH DA	YEAR	21c. HOW	NJURY OCCUR	RED (ENTER NA	ATURE OF INJU	RY IN ITEM I	B PART 1 OR PART	2)	
	MEDICAL	21d. INJURY OCCURR	LE 🗀	21e PLACE (OF INJURY BET, FACTORY, OFFICE F	ARM, ETC }	211 LOCAT	ION E1		CITY OR TO	WN	COUNTY		STATE
		220.1 certify that (1) (sow the decease above, (1) (we) (di 22b. SIGNATURE	d olive on		10		nd that in (my	, 19 /) (our) opinion	deoth occurre	ed on the d	ote and h	our and from		
	3	22d. PHYSICIAN'S NA	EN ME LIVE OF PRI	PI	thery	1,1	MD-	ATTENDING PHYSICIAN [MEDICAL	STA PHYSIC		8	31/	82
		Edward P.	Ritch	ings,	M.D.		The state of	's Head	Center	r: Sa	lisb	ury, Md		21801
	- (BURIAL, CREMATION, R (SPECIFY) BUrial	REMOVAL 2	3b. DATE 9/3/8			CO Mei	crematory		ATION ORTOWN	C 3.7	COUNTY		STATE
		OLLOWAY F	UNERA					SEP 250. DAT	TE REC'D. BY F	EGISTRAR	256. REG	9 CA	ATURE	ryland

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to con ter; Salfacery, vo. 2162		

injury, ar ather traumatic

MPORTANT: If Item 21 is marked or Item 18 shave

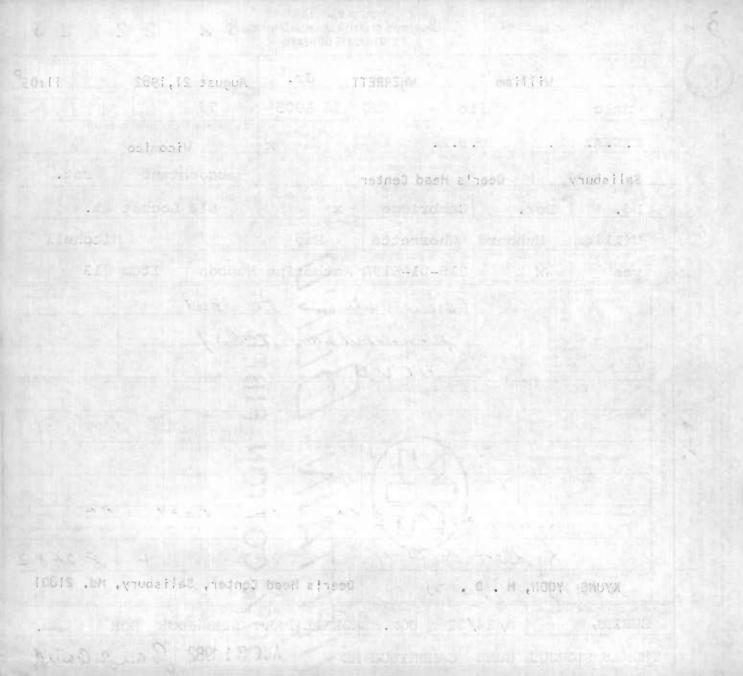
1				STAT	E OF MARYLAND				
1	FOR - STATE		DEPART	MENT OF H	EALTH AND MENTAL	L HYGIEN	NE 8 2 2	2 2	26
	REGISTRAR			CERTIF	ICATE OF DEATH			direct distant	8.0
	CEASED NAME E OR PRINT)	FIRST	MIDDLE		AST	20	REG. NO.	DAY YEAR	26. HOUR
		William	W	HERRE	II Jr.		August 21,1982		11:05
3. SE	X	4 RACE		5. DATE C		6	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	
-	male		te	AUC	26 190	5	76 YRS	MONTHS DAYS	HOURS MIN.
70 B	IRTHPLACE (STATE OR FORE		F WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9	BALTIMORE CITY OR COUNT	Y OF DEATH	
	MXXXXX M	D. 1	J.S.A.	WIDOWE		The second second	Wicomic	.0	MD.
10 C	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION		a USUAL OCCUPATION	12b. KIND (OF BUSINESS OR
	Salisbury		SUCH FACILITY, GIVE STREET	200	1000000	(1	TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY	et.
'SU	AL RESIDENCE HE NURSING	HOME OR OTHER INSTITUTE	T'S Head						
13a	Md.	Dor.	Cambric		13d. INSIDE CITY LIMIT		814 Locus	st St.	
14. F	ATHER'S NAME			2	15. MOTHER'S MAIDE	NNAME			
	William	Hubbar	d Wherr	ette	May		WIDDLE	Mitch	hell
	WAS DECEASED EVER IN			URITY NO.	17. INFORMANT	71.0	ADDRESS		r.7.
0	YES, NO OR UNKNOWN) (WW 2	215-01	-6198	Katherin	ne H	Hudson Ite	em #13	
	18 CAUSE OF DEATH	Enter anly ane cause a	er line for (a) (b) an	dicis				APPROX	XIMATE INTERVAL LONSET AND DEATH
	PART I. DEATH WAS	BETWEEN	ONSET AND DEATH						
	3352 M								
	DUE TO, OR AS A CONSEQUENCE OF								
	Canditions, if any, w		PSEL	LKOK	ulbar	10	ax s		
	cause (a), stating		OR AS A CONSEQU	ENCE OF			F DATE BLOW		
	onderlying coose	(c).	+/(CVI	2				
7	PART 2 OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINA	AL DISEASE OR CONDITION G	IVEN IN PART 1	a,
ō	The second								
CERTIFICATION	190 DATE OF OPERATIO	N 19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	10.0		ES, WERE FINDI	
TE								IFYING CAUSES	NO T
CER	210 ACCIDENT WAS UNDERL		OF INJURY	177.15	21c HOW INJURY OC	CCURRED	(ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
	OR CONTRIBUTING CAU	SE OF DEATH	A.M. MONTH D.						
MEDICAL	(IF EITHER NOTIFY MEDICAL		P.M. E OF INJURY	19	211 LOCATION				
ME	WHILE NOT WHILE AT WORK	LAT HOME	STREET FACTORY, OFFICE F	ARM, ETC)	STREET		CITY OR TOWN	COUNTY	STATE
100	22a I certify that (I) (th			10-	16 ,19_	82	,10 8-2/	19 12	that (1) (we) lost
	saw the deceased of	alive on IIPM	0-2/ 19_	8-2, ar	nd that in (my) (aur) ap	oinion dea	th accurred on the date and ho		
	22b. SIGNATURE	110			DEGREE	100		122¢ DATE	SIGNED
		KI ASUT	1,14.5		ATTENDIN		MEDICAL STAFF	1 2-	-21-82
	22d PHYSICIAN'S NAMI	E (TYPE OR PRINT)			PHYSICIA 22e ADDRESS	AN [] L	DIRECTOR PHYSICIAN	10	
	KYUNG/ >	YOON, M .	Day m		Deer's He	ad C	enter, Salisbu	ry, Md.	21801
	Total Post	/				- 1			
23a E	BURIAL, CREMATION				EMETERY OR CREMATO		23d LOCATION CITY OR TOWN	COUNTY	STATE
	BURIAL	8/2	4/82 D	OR.MI	EMORIAL P.	ARK	CAMBRIDGE	DOR	MD.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

24. FUNERAL DIRECTOR
THOMAS F CAMBRIDGE MD FUNERAL HOME

AUG 3 1 1982 San 2 Can



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene priar to burial, crematian, ar removal.

MPORTANT: If Nem 21 is marked at Nem 18 shaws any injury, at other traumatic event, the medical

nust be notified at once

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENT
STATE	CERTIFICATE OF REAL

TAL HYGIENE 🖁

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURAL COMME

1982

2 2 2

		KEOTOTKIK						REG. N	O				
	1 DECEASED NAME FIRST		FIRST 1	a	AIDDLE	l l	AST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR					
1	11111	OK PKINI)	all	ul		W	HITE	AUG	UST a	7,1982	1017 M		
	3. SEX	X		4 RACE	- 1	5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS		
		FEMALE		WHIT	2	3/1	9/04 ^{AY} YEAR	78	YRS	NONTHS BAYS	HOURS MIN.		
6		IRTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH			
1		MARYLAND		U.S.A.			DIVORCED	WICOMICO					
30		ITY OR TOWN OF DEAT LISBURY	Н	(IF NOT IN SUC	HOSPITAL, NURS INF H FACILITY, GIVE STREET A BULA GEN	DDRESSI	HOSPITAL	170 USUAL OCCUPATI			OF BUSINESS OR		
1	130 S M	AL RESIDENCE (IF NURSING STATE	G HOME OR	OTHER INSTITUTION	SALISE		13d INSIDE CITY LIMITS?	130 STREET ADDRESS JOHNSON	R.D.				
	14 FA	ATHER'S NAME					15. MOTHER'S MAIDEN NA		2.020				
40		ERNEST E	3. W)	HITE	LAST		IDA ELLINGS	SWORTH MIDDLE		LAS			
/		WAS DECEASED EVER IN						ADDRE	SS				
		YES, NO OR NOOWN)	(IF TES, GIV	IVE WAR OR DATES}			LOWIS DONOW						
		18 CAUSE OF DEATH PART I. DEATH WAR GOVERNMENT OF THE PART I. DEATH I. DEATH WAR GOVERNMENT OF THE PART I. DEATH WAR GOVERNMENT OF THE PAR	S CAUSEI MMEDIAT	BY: E CAUSE (a)	line far (a), (b), and	8	El Bul	or or	end Ben	APPROXI BETWEEN C	IMATE INTERVAL ONSET AND DEATH		
		gave rise to imme cause (a), stating underlying cause	the last	(c)	R AS A CONSEQUE	bur	NOTATE ATE OF TO THE TERM	9					
	NOIL	PART 2. OTHER SIGNI	EN IN PART 110	, .									
2	CERTIFICATION	190 DATE OF OPERAT	ON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTIFY	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO				
7		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA	USE OF DEA	10	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUS	EY IN ITEM IB PA	ART 1 OR PART 2)			
	MEDICAL	21d. INJURY OCCURRE	ЕП	21¢ PLACE (OF INJURY EET, FACTORY, OFFICE FA	RM ETC)	21f. LOCATION STREET	CITY OR TO	wn /	COUNTY	STATE		
i		20. Certify that (I) (this haspital) attended the deceased from											
		27b. SIGNAFURE		R	keen		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🗌	27c. DATE	SIGNED 27/2		
		22d. PHYSIC ANS NAM	T · (S.G	rce		27e ADDRESS						
		BURIAL, CREMATION, R	EMOVAL	23b. DATE 8/30/		AME OF C	EMETERY OR CREMATORY ICO MEM. PA	23d. LOCATION CITY OF TOWN RK SALISB	URY.	MD.	STATE		

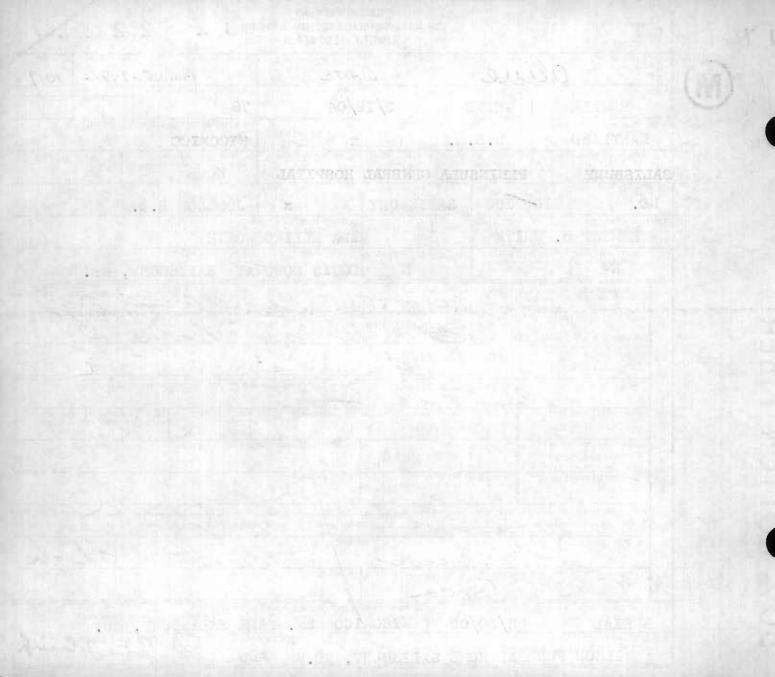
SALISBURY.

FUNERAL HOME

DHMH - 16 50M 1/B1 (VRA 15, 4)

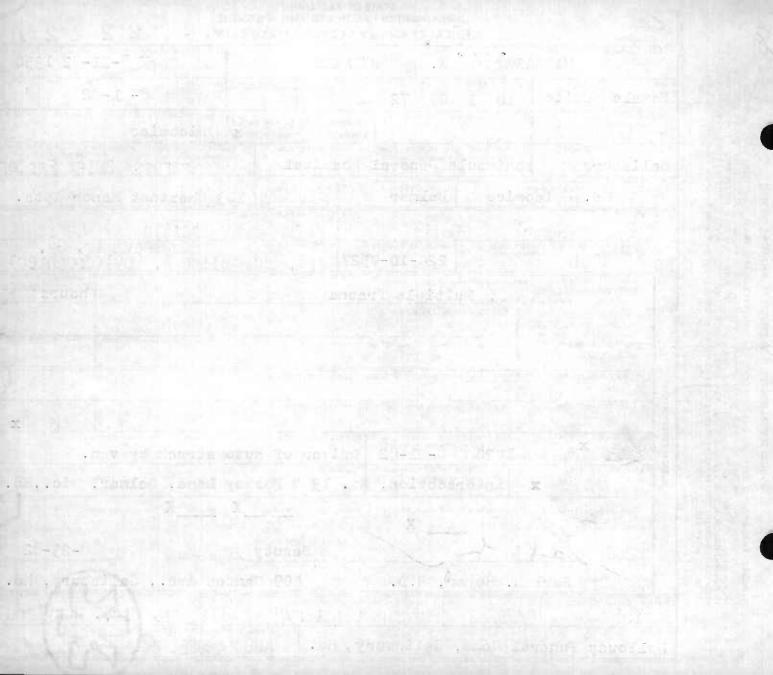
24 FUNERAL DIRECTOR
NAME
WILSON

BP.



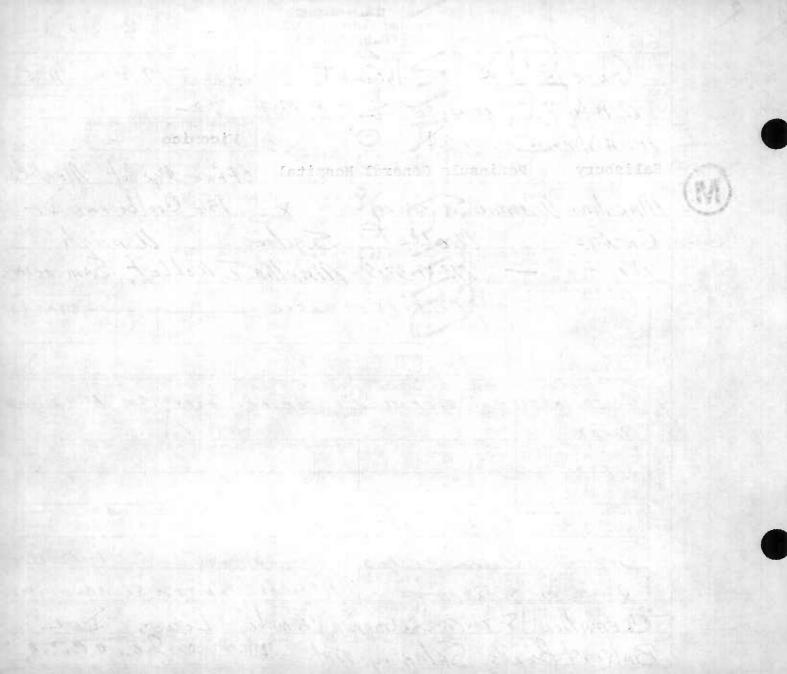
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STATE OF MARYLAND



5	&		POR FOR STATE)a-22a	Film			MENT OF	HEALTH		ENTALH			2	2	2	3 0	
		1.65	REGISTRAR		FIRST	M		EXAMIN	ER'S C	ERTIFIC	CATEO			REG.				
•	5	1. DECEASED NAME FIRST MIDDLE LAST VILSON TO DATE KNOWN TO MONTH DAY OF ESTI-DEATH MATED TO BELLSWORTH WILSON DEATH MATED TO BELLSWORTH WILSON										-82 Z	2358					
	RY, PLEASE DISECTION OF THE PLEASE OF THE PL	3. SE.	ale	RACE Blac	1 .	DATE OF BIRT	H YEAR - 27	6 AGE (IN YE LAST BIRTHD	AY) MONTH		IF UNDER :		C. DATE RONOUN DEAD	ICED 8 -	-18-	82	Y YEAR	2d. HOUF
	S NECESSARY ETUNEVALUIS E 5 FOR YOU D. WITHIN Z	Ta. B	RTHPLACE (S DESCRICOUNTER) WARYA	./	76.	CITIZEN OF V		VTRY?	0	ED NEV	ER MARRIE	ED	BALTIM	comi	material	UNTY O	FDEATH	MC
	A SEE SEE	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170 USUAL OCCUPATION (TYPE OF WORK 1726 KIN									KIND OF BU OR INDUST	IND OF BUSINESS OR INDUSTRY						
	ATH. IF ANY DELAY ATH. IF ANY DELAY St. 1, 2, AND 3T CT PM 3, RETAIN PA ND 2 SHOULD BET VITAL RECORDS.	13a. S	TATE Md	(IF IN NURSING	COUNTY 1 COM	HER INSTITUTION,	Sal	OR TOWN	y DN)	13d. INSIDE (II Yes 🗌	TY LIMITS?	13e STREI	er addre	ss Mot	el	y		
	1 .00	14. F.	Rich,		м	IDDLE	w	./son		15. MOTHE	R'S MAIDE	N NAME	М	IDDLE	4	PA	PKER	2
	WITHIN 24 HOURS AFTER DEATH WINER ALOURS WITH FORM PM FRANSIT FERMIT. PAGES 1 AND 2 ENTAL HYGIENE, DIVISION OF VIT OR REMOVAL.	160. \	WAS DECEASE ES, NO. OR UNKNO UGS	DEVER IN U	I.S. ARMED	FORCES?	2/8	CIAL SECURIT		17. INFORM		Jilso,	N K	ADDRE PH,		MAR	2 MG	1
PRESTONST			18. CAUSE C PART I DI	FATH WAS (TALLEED DV	ne couse per li (: :AUSE (a)			Card				177				APPROXIMAT	T AND DEATH
				ns, if any,	which	DUE TO, C		NSEQUENCE (
	XECUTED WITHIN VG. IN PENCIL IN VG. IN PENCIL IN VG. IN PENCIL IN VG. EXAMINER A BURIAL - TRANSIT AND MENTAL HY ATION, OR REMC			se to imm) stating the use last.			R AS A CON	NSEQUENCE (OF									
	D BE EXECUTED D BE EXECUTED ENDING" IN F MEDICAL EXA AS A BURIAL CREMATION,	MEDICAL CERTIFICATION	PART 2 OTNER S	GNIFICANT CON	OITIONS CONT	RIBUTING TO DEAT	N BUT NOT REL	ATEO TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN PAR	T 1 (a).				- 8		
	SHOULD BE EDORD OF ENDING CHIEF MEDIC EUSED AS A ET OF HEALTH, URIAL, CREM		19a. DATE OF	OPERATIO	N	196. CONE	DITION FOR	WHICH OPER	ATION W	AS PERFORA	MED?				313	20	AUTOPSY	
			21a EXTERNA UNDERLYING CONTRIBUTI	GOR		HOUR A.	OF INJURY M. MONTH	DAY YEAR	21c HC	W INJURY (OCCURRED) (ENTER NA	TURE OF INJ	URY IN ITEM	18 PART 1 O	R PART 2)	YES .	X 00
	TO MEDICAL EXAMINER: THIS CERTIFIC EXECUTE THE CERTIFICATE, WRITING THE PAGE 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR: PAGE 3 SHOULD SHOULD STATE DEPART BATTIMORE, MARYLAND, 21201 PRIOR		21d. INJURY O	OCCURRED		21e PLACI	OF INJURY	(AT HOME,		CATION			CITY OR TOY	WN		COUNTY		STATE
			22a. I certideath result	•	6	ouses ,	Accident		Autaps	Homici	PECIFY)		Inquiry mined ma		and in my	Pen	ding	
	MEDICAL ECUTE THE GE UT SHO FUNE RAL TER DEATH LTIMORE, 1		EXAMINER'S (TYPE OR PRI	NAME E	arl	L. Ro	yer,	M.D.	M.		109 (en A			SNED		, Md.
	BP 2/8	0	BUR:	TION, REMO	VAL 236. [NAME OF CEA		RCES		23d. LOC CITY OF	ATION ATION ATION	OURY	Ü	OUNTY Dico	. s	m.
	DHMH - 17 (VR A15 ME (5))	24. F	CT int		ewar	t, Sa	lisbu	ry, M			SEP		1982	R PSH RE	GISTRAR	SSIGN	Lively	

district contract. The second secon . but the last the last the country of all ?



1		STATE OF MARYLAND							
	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG	GIENE 8 2	2223					
	DECEASED NAME FIRST	MIDDLE A LAST		NONTH DAY YEAR 26 HOUR					
15	YPE OR PRINTS VIRG	INIA WOOTEN		8-13-82 1248					
	FEMALE	WHITE SDATE OF BIRTH MONTH DAY 1 1911	6 AGE (IN YEARS LAST BIRTH	DAY FUNDER 1 YEAR FUNDER 24 H					
271	BIRTHPLACE (STATE OR FOREIGN COUNTRY) illards, Md.	76. CITIZEN OF WHAT COUNTRY? MARRIED WINEVER MARRIED WINDOWED DIVORCED	Wicomi	COUNTY OF DEATH					
The second second	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	12a. USUAL OCCUPATIO	N 12b. KIND OF BUSINESS (WORKING LIFE) INDUSTRY					
THE THE THE	Salisbury SUAL RESIDENCE LIF NURSING HOME OF	River Walk Manor R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Laborer	Shirt Co.					
13	Maryland Wic	OMICO Delmar YES NO N	Rt. 3. BO	x 47, Old Delma					
and 2 sh	FATHER'S NAME FRIST Edward	MDDLE LAST Dennis	(unknown)	LAST					
	WAS DECEASED EVER IN U.S. AR		1 ADDRES	Times Square					
Pages t, the	No	215-07-8881 River Walk	Manor 105°°	Times Square					
pers. Poval.	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET IAND DEAT								
n pal rem ratic	PART I. DEATH WAS CAUSE	clie disec	use mos						
arbo n, or raum	DUE 10, OR AS A CONSEQUENCE OF CONTRIBUTION OF								
igned by the att	Conditions, if any, which gove rise to immediate couse 1a1, stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	6 00	5 mo					
Then pleason to buria		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM							
Man Park	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
0 - 0	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR	RED JENTER NATURE OF INJURY						
he burial-tr and Menta arked or Its	IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED WHILE DOT WHILE	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOW	N COUNTY STATE					
OR: Af	WHILE NOT WHILE AT WORK	2	10 15 - 10 1						
- 3 (4		stall attended the deceosed from Manch, 19 5	death occurred on the do	te and hour and from the causes stated					
Ched for use Ched for use Dept. of He	223 SIGNATURE	ot) view the body ofter death. DEGREE		22c. DATE SIGNED					
980 =	01.5	Bulling MID ATTENDING	MEDICAL STAF	8.13-F					
T te ta	224 PHY JUAN'S NAME STYPE O		_ binceron (g						
State Do		0-14-6-	ry, Maryla	nd					
wid be detain the State	John T. F	Bulkelev, M.D. Salisbu	I y , mai y ta	IIU					
should be deta with the State	BURIAL CREMATION REMOVAL	Bulkeley, M.D. Salisbu							
123			234 LOCATION CITY OR TOWN	Sussex, Delawar					

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STATE OF MARYLAND

PER PROPERTY OF THE PROPERTY OF THE PROPERTY OF note that the second section is the second second of the Harry toward have a little town to harry the Lot